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Form 990

OMB No 1545 0047

## 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)

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

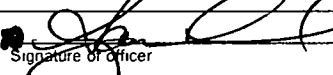
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>Onion River Crossroads, Inc.</b>		D Employer Identification Number <b>03-0262944</b>
	Doing Business As		E Telephone number <b>(802) 229-2606</b>
	Number and street (or P O box if mail is not delivered to street addr) Room/suite <b>111 Bliss Road</b>		
	City, town or country State ZIP code + 4 <b>Montpelier VT 05602</b>		
F Name and address of principal officer <b>Suzanne Smith 147 E Cobble Hill Road Barre VT 05641</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: <b>N/A</b>			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation <b>1976</b>	M State of legal domicile <b>VT</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>Group home for youths.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (D), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	538,100.	501,925.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		271.	67.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		538,371.	501,992.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		210,651.	236,370.	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.				
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	325,202.	299,773.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	535,853.	536,143.	
	19 Revenue less expenses Subtract line 18 from line 12	2,518.	-34,151.	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	504,411.	477,193.	
	22 Net assets or fund balances Subtract line 21 from line 20	348,945.	355,878.	
		155,466.	121,315.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 		Date <b>11/14/12</b>
	Suzanne Smith Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <b>Lee A. White CPA</b>	Date <b>10/04/12</b>
	Firm's name <b>WHITE &amp; ASSOCIATES</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00750923</b>
	Firm's address <b>86 SUMMER STREET BARRE VT 05641</b>	Firm's EIN <b>04-3366373</b>	Phone no <b>(802) 476-6191</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

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20

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

7

Group home for youths.

☐ Yes ☒ No

☐ Yes ☒ No

The organization operates a group home, Onion River Crossroads, for troubled youths and is paid by the state of Vermont

**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)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations</b> 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
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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 credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		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	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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 (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		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		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J</i>		X
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

BAA

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

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

**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 instructions.

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

☒**Section A. Governing Body and Management**

- 1 a** Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O
- 1 b** Enter the number of voting members included in line 1a, above, who are independent
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 7 a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

	Yes	No
<b>1 a</b>		
<b>1 b</b>		
<b>2</b>		X
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X
<b>6</b>		X
<b>7 a</b>	X	
<b>7 b</b>	X	
<b>8 a</b>	X	
<b>8 b</b>	X	
<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10 a** Did the organization have local chapters, branches, or affiliates?
- b** If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11 a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12 a** Did the organization have a written conflict of interest policy? If 'No,' go to line 13
- b** Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official
- b** Other officers of key employees of the organization
- If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)
- 16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
<b>10 a</b>		X
<b>10 b</b>		
<b>11 a</b>	X	
<b>12 a</b>	X	
<b>12 b</b>	X	
<b>12 c</b>	X	
<b>13</b>	X	
<b>14</b>	X	
<b>15 a</b>	X	
<b>15 b</b>		X
<b>16 a</b>		X
<b>16 b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed
- 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 ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Shannon Blais 111 Bliss Road Montpelier VT 05602 (802) 476-9626

**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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Suzanne Smith</u> Co Ex Dir	40.00				X	X		50,554.	0.	0.
(2) <u>Richard Smith</u> Co Ex Dir	40.00				X			41,250.	0.	0.
(3) <u>Jerry Tillotson</u> President	0.00	X						0.	0.	0.
(4) <u>Shane Oakes</u> Vice President	0.00	X						0.	0.	0.
(5) <u>Sue Viens</u> Secretary	0.00	X						0.	0.	0.
(6) <u>Brian Vachon</u> Treasurer	0.00	X						0.	0.	0.
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
<b>1 b Sub-total</b>								<b>91,804.</b>	<b>0.</b>	<b>0.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>91,804.</b>	<b>0.</b>	<b>0.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>▶</b>		

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 501,925.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lns 1a-1f	\$				
	<b>h Total. Add lines 1a-1f</b>		501,925.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)		67.	0.	0.	67.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue Business Code						
11 a						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions</b>		501,992.	0.	0.	67.	

**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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	93,669.	93,669.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	87,239.	87,239.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,140.	2,140.	0.	0.
9 Other employee benefits	34,874.	34,874.	0.	0.
10 Payroll taxes	18,448.	18,448.	0.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	19,600.	0.	19,600.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	4,780.	4,780.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,024.	1,024.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	21,546.	21,546.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,322.	29,322.	0.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Insurance Building	11,164.	11,164.	0.	0.
b Medical	426.	426.	0.	0.
c Staff Recruiting	697.	697.	0.	0.
d Contracted Child Care	37,260.	37,260.	0.	0.
e All other expenses	173,954.	173,954.	0.	0.
25 Total functional expenses. Add lines 1 through 24e	536,143.	516,543.	19,600.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing	93,779.	1	24,535.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	32,497.	4	52,606.
	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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,958.	9	3,152.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 724,243.		
	b Less accumulated depreciation	10b 327,343.	374,177.	10c 396,900.
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	504,411.	16	477,193.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	16,697.	17	20,990.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, 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	332,248.	24	334,888.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	348,945.	26	355,878.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	155,466.	27	121,315.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	155,466.	33	121,315.
	34 <b>Total liabilities and net assets/fund balances</b>	504,411.	34	477,193.

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Form 990 (2011)

**Part 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	501,992.
2	Total expenses (must equal Part IX, column (A), line 25)	2	536,143.
3	Revenue less expenses Subtract line 2 from line 1	3	-34,151.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,466.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	121,315.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990
- ☐
- Cash
- ☒
- Accrual
- ☐
- Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

- b Were the organization's financial statements audited by an independent accountant?

- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Onion River Crossroads, Inc.

Employer identification number

03-0262944

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III – Functionally integrated      d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>4 Total.</b> Add lines 1 through 3.						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4.						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10.						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33-1/3% support test – 2011.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3% support test – 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2011

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	483,032.	594,999.	545,765.	538,100.	501,925.	2,663,821.
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.	483,032.	594,999.	545,765.	538,100.	501,925.	2,663,821.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						2,663,821.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6.	483,032.	594,999.	545,765.	538,100.	501,925.	2,663,821.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	24.	2,554.	213.	271.	67.	3,129.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.	24.	2,554.	213.	271.	67.	3,129.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)			1.			1.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	483,056.	597,553.	545,979.	538,371.	501,992.	2,666,951.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	99.88 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15.	16	99.86 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	0.12 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17.	18	0.14 %

- 19a 33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☒
- b 33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.  
(See instructions).

Other Income Part III, Line 12

Description: Miscellaneous Revenue

2009: 1.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Employer identification number

Onion River Crossroads, Inc.

03-0262944

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,028.		6,028.
b Buildings		580,463.	214,232.	366,231.
c Leasehold improvements				
d Equipment		65,394.	54,548.	10,846.
e Other		72,358.	58,563.	13,795.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				396,900.

BAA

Schedule D (Form 990) 2011

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	501,992.
2	Total expenses (Form 990, Part IX, column (A), line 25)	536,143.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-34,151.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV )	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-34,151.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	501,992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	501,992.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	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	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	501,992.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	536,144.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	536,144.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	536,144.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV** Supplemental Information *(continued)*

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Onion River Crossroads, Inc.

Employer identification number

03-0262944

Pt VI, Line 7a Yes, the stockholders elect the governing board.

Pt VI, Line 7b Decisions of the governing body is subject to approval by members.

Pt VI, Line 11a The accountant prepares the 990 and gives a copy to the governing  
body to review. After they review the 990 they sign it and mail it in.

Pt VI, Line 12c Any conflicts are noted at each meeting and dealt with at that time.

Pt VI, Line 15 The organization uses comparability data along with comparing local  
area organizations compensation to make their determination.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

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

OMB No 1545-0172

**2011**Attachment  
Sequence No **179**

Name(s) shown on return

**Onion River Crossroads, Inc.**

Identifying number

**03-0262944**

Business or activity to which this form relates

**Form 990 / Form 990EZ****Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	21,807.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,237.	5.0 yrs	HY	200 DB	248.
c 7-year property						
d 10-year property						
e 15-year property		50,805.	15.0 yrs	HY	S/L	1,692.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	5,575.
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	29,322.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



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

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

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

24a Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25						
26 Property used more than 50% in a qualified business use													
Computer	06/03/90	100.00	3,156.	3,156.	5.00	200 DB-HY	0.						
Computer - Capitol Ac	05/31/95	100.00	2,364.	2,364.	5.00	200 DB-HY	0.						
See Additional Listed Property Statement							5,575.						
27 Property used 50% or less in a qualified business use													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	5,575.					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29						

**Section B – Information on Use of Vehicles**

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 4562, line 26

### Additional Listed Property Statement

(a) Type of property	(b) Date placed in service	(c) Business/ investmnt use %	(d) Cost or other basis	(e) Basis for deprecia- tion	(f) Re- covery period	(g) Method/ Con- vention	(h) Deprecia- tion deduction	(i) Elected section 179 cost
<u>Computer &amp; Monitor</u>	<u>11/27/99</u>	<u>100.00</u>	<u>737.</u>	<u>737.</u>	<u>5.00</u>	<u>200 DB-HY</u>	<u>0.</u>	
<u>Computer</u>	<u>12/17/04</u>	<u>100.00</u>	<u>1,655.</u>	<u>1,655.</u>	<u>5.00</u>	<u>200 DB-HY</u>	<u>0.</u>	
<u>Dodge Durango</u>	<u>09/01/06</u>	<u>100.00</u>	<u>18,595.</u>	<u>18,595.</u>	<u>5.00</u>	<u>200 DB-HY</u>	<u>1,071.</u>	
<u>2008 Chevy Suburb</u>	<u>07/11/08</u>	<u>100.00</u>	<u>39,100.</u>	<u>39,100.</u>	<u>5.00</u>	<u>200 DB-HY</u>	<u>4,504.</u>	
Total							<u>5,575.</u>	

## Form 4562

Onion River Crossroads, Inc.  
Form 990 - / Form 990EZ

## Depreciation and Amortization Report

Tax Year 2011

► Keep for your records

2011

03-0262944

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Kitchen Remodel		07/27/11	15,660		100.00			15,660	15.00	SL/HY		522
Laptop Computer		08/09/11	634		100.00			634	5.00	200DB/HY		127
Kitchen Remodel		08/14/11	13,085		100.00			13,085	15.00	SL/HY		436
Kitchen Remodel		09/22/11	2,523		100.00			2,523	15.00	SL/HY		84
Kitchen Remodel		10/12/11	2,158		100.00			2,158	15.00	SL/HY		72
Maytag Dryer		12/20/11	603		100.00			603	5.00	200DB/HY		121
Basement remodel		12/29/11	1,982		100.00			1,982	15.00	SL/HY		66
Kitchen Remodel		01/12/12	1,026		100.00			1,026	15.00	SL/HY		34
Basement Remodel		01/19/12	8,653		100.00			8,653	15.00	SL/HY		288
Basement Remodel		02/03/12	3,464		100.00			3,464	15.00	SL/HY		115
Basement Remodel		03/14/12	2,254		100.00			2,254	15.00	SL/HY		75
SUBTOTAL CURRENT YEAR			52,042	0		0	0	52,042			0	1,940
Building		01/01/80	56,500		100.00			56,500	25.00	SL/NA	56,500	0
Land		01/01/80	0	6,028	100.00							0
Improvements		06/30/81	39,040		100.00			39,040	15.00	PRE/NA	39,040	0
John Deere Equipment		01/01/89	1,572		100.00			1,572	10.00	ALT/HY	1,572	0
Various Equipment		07/01/89	2,088		100.00			2,088	5.00	ALT/HY	2,088	0
Enertech Control		07/01/89	1,555		100.00			1,555	10.00	200DB/HY	1,555	0
John Deere Equipment		09/30/89	400		100.00			400	10.00	ALT/HY	400	0
Improvements		01/01/90	5,949		100.00			5,949	20.00	150DB/HY	5,782	0
Benedini Water		01/01/90	826		100.00			826	20.00	ALT/HY	826	0
Ormsby Equipment		01/15/90	207		100.00			207	10.00	ALT/HY	207	0
Ormsby Equipment		05/31/90	730		100.00			730	10.00	ALT/HY	730	0
Computer	L	06/03/90	3,156		100.00			3,156	5.00	200DB/HY	3,156	0
Equipment		10/31/90	725		100.00			725	10.00	200DB/HY	725	0
Improvements		01/01/91	3,676		100.00			3,676	20.00	150DB/HY	3,560	0
Chainsaw		01/01/91	286		100.00			286	10.00	200DB/HY	286	0
Improvements		08/01/91	935		100.00			935	20.00	SL/HY	914	21
Carpeting		12/31/91	3,149		100.00			3,149	7.00	ALT/HY	3,149	0
Lash Furniture		09/01/92	5,500		100.00			5,500	7.00	200DB/HY	5,500	0
Carpeting		11/01/92	1,000		100.00			1,000	7.00	ALT/HY	1,000	0
Sundown corp - Improvements		08/31/93	3,500		100.00			3,500	27.00	SL/HY	2,279	129
Capital Improvements		11/30/93	1,759		100.00			1,759	27.00	SL/HY	1,137	65
Demers Equipment		01/31/94	395		100.00			395	5.00	200DB/HY	395	0
Suzanne Smith - Equipment		03/31/94	125		100.00			125	7.00	200DB/HY	125	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDV3601 09/22/11

Page 1 of 4

## Form 4562

## Depreciation and Amortization Report

2011

Union River Crossroads, Inc.

Tax Year 2011

Form 990 - / Form 990EZ

► Keep for your records

03-0262944

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Lash Furniture		07/31/94	200		100.00			200	7.00	200DB/HY	200	0
Sears Equipment		09/30/94	189		100.00			189	7.00	200DB/HY	189	0
Computer - Capitol Acctg.	L	05/31/95	2,364		100.00			2,364	5.00	200DB/HY	2,364	0
Suzanne Smith - Equipment		06/30/95	497		100.00			497	7.00	200DB/HY	497	0
Sears Equipment		06/30/95	500		100.00			500	7.00	200DB/HY	500	0
Building Improvements		01/01/96	46,532		100.00			46,532	39.00	SL/MM	18,443	1,193
Building doors		10/28/97	370		100.00			370	39.00	SL/MM	128	10
Pearl Motors		10/30/97	27		100.00			27	5.00	200DB/HY	27	0
Building Improvements		02/28/98	7,376		100.00			7,376	39.00	SL/MM	2,529	189
Chansaw Steve Rich		06/14/98	66		100.00			66	5.00	200DB/HY	66	0
Improvements		07/13/98	1,095		100.00			1,095	39.00	SL/MM	364	28
John Deere Tractor		07/27/98	500		100.00			500	5.00	200DB/HY	500	0
Kitchen & Bedroom Improvements		05/17/99	6,650		100.00			6,650	39.00	SL/MM	2,070	170
Roof Repairs		06/30/99	1,750		100.00			1,750	39.00	SL/MM	541	45
Septic System		07/01/99	26,354		100.00			26,354	39.00	SL/MM	8,082	676
Refrigerator		08/10/99	214		100.00			214	7.00	200DB/HY	214	0
Water System		11/16/99	4,744		100.00			4,744	39.00	SL/MM	1,416	122
Computer & Monitor	L	11/27/99	737		100.00			737	5.00	200DB/HY	737	0
New Doors		12/15/99	780		100.00			780	7.00	200DB/HY	779	0
Building Improvements		12/30/99	5,410		100.00			5,410	10.00	200DB/HY	5,410	0
Fax Machine		01/30/00	189		100.00			189	5.00	200DB/HY	189	0
Dishwasher		02/16/00	508		100.00			508	5.00	200DB/HY	508	0
Barn Improvements		09/30/00	2,340		100.00			2,340	39.00	SL/MM	647	60
HP Deskjet Printer		10/31/00	157		100.00			157	5.00	200DB/HY	157	0
Dryer		11/16/00	612		100.00			612	5.00	200DB/HY	612	0
HP Deskjet Printer		11/21/00	105		100.00			105	5.00	200DB/HY	105	0
Roof Improvements		05/10/01	1,016		100.00			1,016	39.00	SL/MM	263	26
Alarm System		05/24/01	3,749		100.00			3,749	5.00	200DB/HY	3,671	0
Pool / Deck / Improvements		05/31/01	5,789		100.00			5,789	39.00	SL/MM	1,502	148
File Cabinet		06/30/01	105		100.00			105	7.00	200DB/HY	101	0
Driveway Repaving		07/05/01	3,800		100.00			3,800	39.00	SL/MM	982	97
Pool Fencing		08/10/01	926		100.00			926	39.00	SL/MM	235	24
Roof		08/31/01	6,477		100.00			6,477	39.00	SL/MM	1,640	166
Pool Deck		10/07/01	996		100.00			996	39.00	SL/MM	249	26
Barn		10/23/01	441		100.00			441	39.00	SL/MM	109	11
Dishwasher		04/24/02	400		100.00			400	5.00	200DB/HY	400	0
Air Conditioner		07/23/02	270		100.00			270	5.00	200DB/HY	270	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV3601 09/22/11

Page 2 of 4

# Form 4562

Onion River Crossroads, Inc.  
Form 990 - / Form 990EZ

## Depreciation and Amortization Report

Tax Year 2011

2011

Keep for your records

03-0262944

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
Refrigerator		04/02/03	869		100.00			869	5.00	200DB/HY	840	0
Furniture		07/17/03	2,606		100.00			2,606	7.00	200DB/HY	2,606	0
Building siding		08/01/03	14,370		100.00			14,370	39.00	SL/MM	2,901	368
Drainage		08/18/03	3,500		100.00			3,500	39.00	SL/MM	707	90
Alarm Control Instrument		05/12/04	3,133		100.00			3,133	7.00	200DB/HY	2,937	0
Riding Ring & parking area		09/07/04	2,680		100.00			2,680	39.00	SL/MM	466	69
Labor JJC Co.		09/09/04	2,166		100.00			2,166	39.00	SL/MM	377	56
Twin City Equipment		09/10/04	655		100.00			655	7.00	200DB/HY	626	29
Labor JJC Co.		10/18/04	738		100.00			738	39.00	SL/MM	127	19
Labor JJC Co.		11/15/04	220		100.00			220	39.00	SL/MM	38	6
Dishwasher		12/06/04	410		100.00			410	7.00	200DB/HY	392	18
Refrigerator		12/10/04	735		100.00			735	7.00	200DB/HY	702	33
Dishwasher Prep		12/16/04	454		100.00			454	39.00	SL/MM	76	12
Computer	L	12/17/04	1,655		100.00			1,655	5.00	200DB/HY	1,655	0
Flooring		12/20/04	2,383		100.00			2,383	7.00	200DB/HY	2,277	106
Labor JJC Co.		01/03/05	2,880		100.00			2,880	39.00	SL/MM	477	74
Remodeling		02/01/05	3,222		100.00			3,222	39.00	SL/MM	527	83
Telephone		02/16/05	223		100.00			223	7.00	200DB/HY	213	10
Remodeling		03/03/05	2,273		100.00			2,273	39.00	SL/MM	367	58
Remodeling Bathroom		03/14/05	3,665		100.00			3,665	39.00	SL/MM	591	94
Remodeling		03/29/05	2,717		100.00			2,717	39.00	SL/MM	438	70
Vacuum Cleaner		05/10/05	149		100.00			149	5.00	200DB/HY	149	0
Carpeting		05/12/05	1,442		100.00			1,442	7.00	200DB/HY	1,378	64
Carpeting		05/26/05	532		100.00			532	7.00	200DB/HY	508	24
Drain Pond - GM Bowen		08/13/05	2,561		100.00			2,561	39.00	SL/MM	386	66
P&S New Furniture		03/29/06	3,114		100.00			3,114	7.00	200DB/HY	2,697	278
First Light Construction		06/20/06	2,875		100.00			2,875	39.00	SL/MM	372	74
Sears-airconditioners		08/02/06	550		100.00			550	7.00	200DB/HY	427	49
Dodge Durango	L	09/01/06	18,595		100.00			18,595	5.00	200DB/HY	17,524	1,071
Sears-freezer		11/13/06	386		100.00			386	7.00	200DB/HY	300	34
Walmart-vacuum		12/12/06	155		100.00			155	7.00	200DB/HY	120	14
Major capital improvements		05/01/07	82,121		100.00			82,121	39.00	SL/MM	8,686	2,106
BARN FOUNDATION		08/01/07	9,333		100.00			9,333	10.00	200DB/HY	5,032	860
HAYLIFT DEPOSIT		08/01/07	644		100.00			644	10.00	200DB/HY	347	59
BARN		10/08/07	113,877		100.00			113,877	39.00	SL/MM	10,828	2,920
HARVEST EQUIPMENT		11/29/07	1,000		100.00			1,000	10.00	200DB/HY	539	92
TRACTOR		11/29/07	7,034		100.00			7,034	10.00	200DB/HY	3,793	648

Code: S = Sold, A = Auto, L = Listed, C = COGS

Onion River Crossroads, Inc.

Tax Year 2011

Form 990 - / Form 990EZ

- Keep for your records

03-0262944

[illegible]

**Code:** S = Sold, A = Auto, L = Listed, C = COGS

## Form 4562

## Alternative Minimum Tax Depreciation Report

Onion River Crossroads, Inc.

Tax Year 2011

2011

Form 990 - / Form 990EZ

▶ Keep for your records

03-0262944

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
DEPRECIATION													
Kitchen Remodel		07/27/11	15,660		100.00			15,660	15.00	SL/HY		522	0.
Laptop Computer		08/09/11	634		100.00			634	5.00	150DB/HY		95	32.
Kitchen Remodel		08/14/11	13,085		100.00			13,085	15.00	SL/HY		436	0.
Kitchen Remodel		09/22/11	2,523		100.00			2,523	15.00	SL/HY		84	0.
Kitchen Remodel		10/12/11	2,158		100.00			2,158	15.00	SL/HY		72	0.
Maytag Dryer		12/20/11	603		100.00			603	5.00	150DB/HY		90	31.
Basement remodel		12/29/11	1,982		100.00			1,982	15.00	SL/HY		66	0.
Kitchen Remodel		01/12/12	1,026		100.00			1,026	15.00	SL/HY		34	0.
Basement Remodel		01/19/12	8,653		100.00			8,653	15.00	SL/HY		288	0.
Basement Remodel		02/03/12	3,464		100.00			3,464	15.00	SL/HY		115	0.
Basement Remodel		03/14/12	2,254		100.00			2,254	15.00	SL/HY		75	0.
SUBTOTAL CURRENT YEAR			52,042	0	0	0	0	52,042			0	1,877	63.
Building		01/01/80	56,500		100.00								
Land		01/01/80	0	6,028	100.00								
Improvements		06/30/81	39,040		100.00								
John Deere Equipment		01/01/89	1,572		100.00			1,572	10.00	SL/HY	1,572		
Various Equipment		07/01/89	2,088		100.00			2,088	5.00	SL/HY	2,088		
Enertech Control		07/01/89	1,555		100.00								
John Deere Equipment		09/30/89	400		100.00			400	10.00	SL/HY	400		
Improvements		01/01/90	5,949		100.00			5,949	25.00	150DB/HY	5,203	213	-213.
Benedini Water		01/01/90	826		100.00			826	25.00	SL/HY	710	33	-33.
Ormsby Equipment		01/15/90	207		100.00			207	10.00	SL/HY	207		
Ormsby Equipment		05/31/90	730		100.00			730	10.00	SL/HY	730		
Computer	L	06/03/90	3,156		100.00			3,156	5.00	150DB/HY	3,156		
Equipment		10/31/90	725		100.00			725	15.00	150DB/HY	725		
Improvements		01/01/91	3,676		100.00			3,676	25.00	150DB/HY	3,083	132	-132.
Chainsaw		01/01/91	286		100.00			286	15.00	150DB/HY	286		
Improvements		08/01/91	935		100.00			935	25.00	SL/HY	729	37	-16.
Carpeting		12/31/91	3,149		100.00			3,149	7.00	SL/HY	3,149		
Lash Furniture		09/01/92	5,500		100.00			5,500	10.00	150DB/HY	5,500		
Carpeting		11/01/92	1,000		100.00			1,000	7.00	SL/HY	1,000		
Sundown corp - Improve		08/31/93	3,500		100.00			3,500	27.00	SL/HY	2,269	130	-1.
Capital Improvements		11/30/93	1,759		100.00			1,759	5.00	SL/HY	1,759		
Demers Equipment		01/31/94	395		100.00			395	5.00	150DB/HY	395		
Suzanne Smith - Equipm		03/31/94	125		100.00			125	10.00	150DB/HY	125		

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## Form 4562

## Alternative Minimum Tax Depreciation Report

2011

Onion River Crossroads, Inc.

Tax Year 2011

Form 990 - / Form 990EZ

▶ Keep for your records

03-0262944

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
Lash Furniture		07/31/94	200		100.00			200	10.00	150DB/HY	200		
Sears Equipment		09/30/94	189		100.00			189	10.00	150DB/HY	189		
Computer - Capitol Acc	L	05/31/95	2,364		100.00			2,364	5.00	150DB/HY	2,364		
Suzanne Smith - Equipm		06/30/95	497		100.00			497	10.00	150DB/HY	497		
Sears Equipment		06/30/95	500		100.00			500	10.00	150DB/HY	500		
Building Improvements		01/01/96	46,532		100.00			46,532	40.00	SL/MM	17,983	1,163	30.
Building doors		10/28/97	370		100.00			370	40.00	SL/MM	127	9	1.
Pearl Motors		10/30/97	27		100.00			27	5.00	150DB/HY	27		
Building Improvements		02/28/98	7,376		100.00			7,376	40.00	SL/MM	2,466	184	5.
Chansaw Steve Rich		06/14/98	66		100.00			66	5.00	150DB/HY	66		
Improvements		07/13/98	1,095		100.00			1,095	40.00	SL/MM	355	27	1.
John Deere Tractor		07/27/98	500		100.00			500	5.00	150DB/HY	500		
Kitchen & Bedroom Impr		05/17/99	6,650		100.00			6,650	39.00	SL/MM	2,067	171	-1.
Roof Repairs		06/30/99	1,750		100.00			1,750	39.00	SL/MM	540	45	0.
Septic System		07/01/99	26,354		100.00			26,354	39.00	SL/MM	8,081	676	0.
Refrigerator		08/10/99	214		100.00			214	7.00	150DB/HY	214		
Water System		11/16/99	4,744		100.00			4,744	39.00	SL/MM	1,414	122	0.
Computer & Monitor	L	11/27/99	737		100.00			737	5.00	150DB/HY	737		
New Doors		12/15/99	780		100.00			780	7.00	150DB/HY	780		
Building Improvements		12/30/99	5,410		100.00			5,410	10.00	150DB/HY	5,410		
Fax Machine		01/30/00	189		100.00			189	5.00	150DB/HY	189		
Dishwasher		02/16/00	508		100.00			508	5.00	150DB/HY	508		
Barn Improvements		09/30/00	2,340		100.00			2,340	39.00	SL/MM	648	60	0.
HP Deskjet Printer		10/31/00	157		100.00			157	5.00	150DB/HY	157		
Dryer		11/16/00	612		100.00			612	5.00	150DB/HY	612		
HP Deskjet Printer		11/21/00	105		100.00			105	5.00	150DB/HY	105		
Roof Improvements		05/10/01	1,016		100.00			1,016	39.00	SL/MM	264	26	0.
Alarm System		05/24/01	3,749		100.00			3,749	5.00	150DB/HY	3,749		
Pool / Deck / Improvem		05/31/01	5,789		100.00			5,789	39.00	SL/MM	1,503	148	0.
File Cabinet		06/30/01	105		100.00			105	7.00	150DB/HY	105		
Driveway Repaving		07/05/01	3,800		100.00			3,800	39.00	SL/MM	970	97	0.
Pool Fencing		08/10/01	926		100.00			926	39.00	SL/MM	234	24	0.
Roof		08/31/01	6,477		100.00			6,477	39.00	SL/MM	1,640	166	0.
Pool Deck		10/07/01	996		100.00			996	39.00	SL/MM	248	26	0.
Barn		10/23/01	441		100.00			441	39.00	SL/MM	110	11	0.
Dishwasher		04/24/02	400		100.00			400	5.00	150DB/HY	400		
Air Conditioner		07/23/02	270		100.00			270	5.00	150DB/HY	270		

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**Form 4562**

Onion River Crossroads, Inc.

**Alternative Minimum Tax Depreciation Report**

Tax Year 2011

2011

Form 990 - / Form 990EZ

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03-0262944

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
Refrigerator		04/02/03	869		100.00			869	5.00	150DB/HY	869		
Furniture		07/17/03	2,606		100.00			2,606	7.00	150DB/HY	2,606		
Building siding		08/01/03	14,370		100.00			14,370	39.00	SL/MM	2,902	368	0.
Drainage		08/18/03	3,500		100.00			3,500	39.00	SL/MM	707	90	0.
Alarm Control Instrum		05/12/04	3,133		100.00			3,133	7.00	150DB/HY	3,133		
Riding Ring & parking		09/07/04	2,680		100.00			2,680	39.00	SL/MM	467	69	0.
Labor JJC Co.		09/09/04	2,166		100.00			2,166	39.00	SL/MM	377	56	0.
Twin City Equipment		09/10/04	655		100.00			655	7.00	150DB/HY	615	40	-11.
Labor JJC Co.		10/18/04	738		100.00			738	39.00	SL/MM	127	19	0.
Labor JJC Co		11/15/04	220		100.00			220	39.00	SL/MM	37	6	0.
Dishwasher		12/06/04	410		100.00			410	7.00	150DB/HY	385	25	-7.
Refrigerator		12/10/04	735		100.00			735	7.00	150DB/HY	690	45	-12.
Dishwasher Prep		12/16/04	454		100.00			454	39.00	SL/MM	76	12	0.
Computer	L	12/17/04	1,655		100.00			1,655	5.00	150DB/HY	1,655		
Flooring		12/20/04	2,383		100.00			2,383	7.00	150DB/HY	2,237	146	-40.
Labor JJC Co.		01/03/05	2,880		100.00			2,880	39.00	SL/MM	477	74	0.
Remodeling		02/01/05	3,222		100.00			3,222	39.00	SL/MM	527	83	0.
Telephone		02/16/05	223		100.00			223	7.00	150DB/HY	209	14	-4.
Remodeling		03/03/05	2,273		100.00			2,273	39.00	SL/MM	367	58	0.
Remodeling Bathroom		03/14/05	3,665		100.00			3,665	39.00	SL/MM	591	94	0.
Remodeling		03/29/05	2,717		100.00			2,717	39.00	SL/MM	438	70	0.
Vacuum Cleaner		05/10/05	149		100.00			149	5.00	150DB/HY	149		
Carpeting		05/12/05	1,442		100.00			1,442	7.00	150DB/HY	1,354	88	-24.
Carpeting		05/26/05	532		100.00			532	7.00	150DB/HY	499	33	-9.
Drain Pond - GM Bowen		08/13/05	2,561		100.00			2,561	39.00	SL/MM	386	66	0.
P&S New Furniture		03/29/06	3,114		100.00			3,114	7.00	150DB/HY	2,541	381	-103.
First Light Constructi		06/20/06	2,875		100.00			2,875	39.00	SL/MM	372	74	0.
Sears-airconditioners		08/02/06	550		100.00			550	7.00	150DB/HY	382	67	-18.
Dodge Durango		09/01/06	18,595		100.00			18,595	5.00	150DB/HY	17,046	1,549	-478.
Sears-freer		11/13/06	386		100.00			386	7.00	150DB/HY	268	47	-13.
Walmart-vacuum		12/12/06	155		100.00			155	7.00	150DB/HY	108	19	-5.
Major capital improvem		05/01/07	82,121		100.00			82,121	39.00	SL/MM	8,686	2,106	0.
BARN FOUNDATION		08/01/07	9,333		100.00			9,333	10.00	150DB/HY	4,031	816	44.
HAYLIFT DEPOSIT		08/01/07	644		100.00			644	10.00	150DB/HY	278	56	3.
BARN		10/08/07	113,877		100.00			113,877	39.00	SL/MM	10,828	2,920	0.
HARVEST EQUIPMENT		11/29/07	1,000		100.00			1,000	10.00	150DB/HY	432	87	5.
TRACTOR		11/29/07	7,034		100.00			7,034	10.00	150DB/HY	3,038	615	33.

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

## 2011

Tax Year 2011

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03-0262944.

[illegible]

**Code:** S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

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**Supporting Statement of:**

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Form 990 p 10/Line 9 col (B)

Description	Amount
Health Insurance	22,911.
HSA	7,167.
Dental Insurance	4,097.
Life Insurance	699.
Total	<u>34,874.</u>

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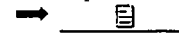
**Supporting Statement of:**

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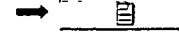
Form 990 p 10/Line 17 col (B)

Description	Amount
Staff Travel	771.
Client Travel	253.
Total	<u>1,024.</u>

## Form 990 p 10: Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**To enter assets, **QuickZoom** to Asset Entry Worksheet

To view a calculated report of all depreciation information for Form 990,

**QuickZoom** to the Depreciation/Amortization Report**QuickZoom** to Form 4562 for Form 990

The following items carry to line 22 below:

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>A</b>	Depreciation	29,322.	29,322.	0.	0.
<b>B</b>	Depletion				
<b>C</b>	Amortization				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990, Page 10, Line 24e All Other Expenses (continued)**

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Food	45,155.	45,155.	0.	0.
Household Supplies	12,244.	12,244.	0.	0.
Property Taxes	11,068.	11,068.	0.	0.
Building Repair & Maintenance	14,118.	14,118.	0.	0.
Rubbish Removal	3,524.	3,524.	0.	0.
Extermination	572.	572.	0.	0.
Electricity	5,716.	5,716.	0.	0.
Fuel Oil	7,628.	7,628.	0.	0.
Automobile Expense	32,968.	32,968.	0.	0.
Gifts	1,548.	1,548.	0.	0.
Clothing	8,670.	8,670.	0.	0.
Allowances	1,635.	1,635.	0.	0.
Recreation	8,942.	8,942.	0.	0.
Furnishings	580.	580.	0.	0.
Administration	465.	465.	0.	0.
Bank Charges	10.	10.	0.	0.
Telephone	4,827.	4,827.	0.	0.
Small equipment	713.	713.	0.	0.
Horse Expense	13,127.	13,127.	0.	0.
Education	446.	446.	0.	0.
Rounding	-2.	-2.		

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**Supporting Statement of:**

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**All Other Expenses/Line 24e col (B) -4**

Description	Amount
Building Repair & Maintenance	13,418.
Grounds Maintenance	700.
Total	14,118.

**Supporting Statement of:**

Form 990 p 11/Line 1, column (A)

Description	Amount
CNB Business Checking	52,502.
CNB House account	5,931.
CNB Certificate of Deposit	35,346.
Total	<u>93,779.</u>

**Supporting Statement of:**

Form 990 p 11/Line 1, column (B)

Description	Amount
CNB Business Account	15,843.
CNB House Account	2,303.
CNB Certificate of Deposit	6,389.
Total	<u>24,535.</u>

**Supporting Statement of:**

Form 990 p 11/Line 17, column (A)

Description	Amount
Medicare w/h	510.
FICA w/h	1,832.
Fit w/h	1,537.
VT Income Tax w/h	1,000.
SUTA payable	240.
Other p/r w/h	1,835.
Accrued payroll	4,269.
Accrued vacation	5,474.
Total	<u>16,697.</u>

**Supporting Statement of:**

Form 990 p 11/Line 17, column (B)

Description	Amount
Accounts Payable	3,799.
Medicare W/H	503.
FICA W/H	1,803.
FIT W/H	1,627.
VT Inc Tax W/H	1,511.
SUTA Payable	2,128.

Continued

**Supporting Statement of:**

Form 990 p 11/Line 17, column (B)

Description	Amount
Accrued Payroll	4,200.
Accrued Vacation	5,420.
Rounding	-1.
Total	<u>20,990.</u>

**Supporting Statement of:**

Form 990 p 11/Line 24, column (B)

Description	Amount
CNB Loan	319,388.
VEDA Loan	15,500.
Total	<u>334,888.</u>



**Supporting Statement of:**

Sch D, page 2/Other col (b)

Description	Amount
Vehicles	72,358.
Total	<u>72,358.</u>

**Supporting Statement of:**

Sch D, page 2/Other col (c)

Description	Amount
A/D Vehicles	58,563.
Total	<u>58,563.</u>