

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED MAR 0 6 2013

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2011 Open to Public Inspection

GUARDIAN 01/24/2013 2 50 PM

<u> </u>	For the 2011 c	alendar year, or tax year beginning $07/01/11$, and ending $06/30$	/12		
В	Check if applicable	C Name of organization		D Employer i	dentification number
	Address change	Guardianship Trust of Vermont, Inc.			
П	Name change	Doing Business As		03-0	264312
片	•	Number and street (or P O box if mail is not delivered to street address)	Room/surte	E Telephone	number
\square	Initial return	P.O. Box 647		802-	229-1399
	Terminated	City or town, state or country, and ZIP + 4		1	
$\overline{\Box}$	Amended return	Montpelier VT 05601-0647		G Gross receipts	s 3,634,747
닉	Anended return	F Name and address of principal officer		G Gloss receipts	3 3,032,121
	Application pending		H(a) Is this a	group return for affilia	ntes? Yes X No
		Janice Guyette	14/63	.ec	Yes No
		P.O. Box 647	1 ''	iffiliates included? lo," attach a list (sei	
		Montpelier VT 05601	" "	io, adacria iist (sec	e instructions)
<u></u>	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	⊣		
J	Website: N	I/A	H(c) Group e	xemption number	
ĸ	Form of organization	X Corporation Trust Association Other ▶ L	Year of formation	<u> 1976 м</u>	State of legal domicile VT
F	arti Su	ımmary			
	1 Briefly de	scribe the organization's mission or most significant activities			
a)	1	icing developmentally disabled adults			
ĕ					
пa	ł	• •			
Ve			0/ -5:44	•-	
တ္ပ	2 Check the		% of its net asser		10
ಶ		of voting members of the governing body (Part VI, line 1a)			LO
ies		of independent voting members of the governing body (Part VI, line 1b)	•		10
₹	5 Total nun	nber of individuals employed in calendar year 2011 (Part V, line 2a)		5 (
Activities & Governance	6 Total nun	nber of volunteers (estimate if necessary)		6 ()
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form-990-T, line 34		7b	0
		RECEIVED	Prior Ye	ar	Current Year
•	8 Contribut	ions and grants (Part VIII, line 1h)		0	0
ž		continuo con control (Port VIII line 2n)	3,74	18,288	3,634,726
Revenue		nt income (Part VIII, Inle 2g) Notine (Part VIII, Inle 2g) Notine (Part VIII, Column (A), lines 3, Eand 7d) Notine (Part VIII, Column (A), lines 3, Eand 7d)	-	37	21
8		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1(e),		0	0
	42 Tatal ray	ende (Part VIII, Coldinii (A), lines 5, od, oc, sc, 10c, and 11e)	3 74	8,325	3,634,747
_	12 Total rev	enue – add lines 8 through 11 (must equal Part Calcadam (A), Irre 12)	3,19	0	0,034,747
		nd similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
Se	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0	0
ĝ	b Total fund	draising expenses (Part IX, column (D), line 25) ▶ 0			
ш	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,74	18,289	3,634,724
	L ·	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,74	18,289	3,634,724
	1	less expenses Subtract line 18 from line 12		36	23
Net Assets or	20101.30		Beginning of Cu		End of Year
ફ <u>ુ</u>	20 Total ass	ets (Part X, line 16)	15	55,984	153,915
Ass	21 Total liab	ulities (Part X, line 26)	13	35,188	133,096
ž	22 Net asse	ts or fund balances Subtract line 21 from line 20		20,796	20,819
		gnature Block	-		
					dan and balant star
tr	under penaities of	perjury, I declare that I have examined this return, including accompanying schedules and statem omplete Declaration of preparer (other than officer) is based on all information of whigh preparer	has any knowledo	est of my knowled	age and belief, it is
	100, 0011000, 01100	The state of the s	(3m + 1)	101	57/3
		Maynet - Herry Heart Ch	elel je		7125
Si		Signature of officer		Date	
He	ere .	WAYNE C. HERSEY			
_		Type or print name and tue			
	Print/Typ	e preparer's name Preparer's cignature	Date	Check	f PTIN
Pai	id CHRIS	TOPHER BRANAGAN	01/2	4/13 self-employe	P01237228
Pre	anarer	Witholl Branch Content Colle	-	Firm's EIN	03-0302296
	e Only	154 N. Main St.			<u> </u>
_5	·	. C+ 31b 170 0E470	j	c	802-524-9531
	Firm's ad			Phone no C	
		s this return with the preparer shown above? (see instructions)			Yes No
-0	r Manenwork Re	eduction Act Notice, see the separate instructions.			Form 33U /2011)

Form 990 (2011)	Guardianship !	Trust of Vermont, Inc.	03-0264312	Page 2
	_	Service Accomplishments		
		ntains a response to any question in t	his Part III	
	ribe the organization's mission			
Servici	ng deverobment	ally disabled adults		
2 Did the orga	inization undertake any signif	cant program services during the year which we	ere not listed on the	
pnor Form 9	990 or 990-EZ?			Yes X No
	scribe these new services on			
	inization cease conducting, o	r make significant changes in how it conducts, a	ny program	
services?		1.1.0		Yes X No
	scribe these changes on Sche	edule O ice accomplishments for each of its three larges	et program convices, or mornired by	
	· · ·	to accomplishments for each of its three larges to organizations and section 4947(a)(1) trusts at	-	
		expenses, and revenue, if any, for each prograi		
4a (Code.) (Expenses \$	3,634,724 including grants of \$) (Revenue \$	3,634,726)
		led clients are cared f	for in	
profess	ional care pri	vate homes.		
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
	•			
			•	
			•	
			\ \(\int_{\text{O}}\)	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
44 045	om populace (December 12 C)	and the O		· · · · · · · · · · · · · · · · · · ·
	am services (Describe in Sch) (Revenue \$	١
(Expenses 4e Total progr	ram service expenses >	including grants of \$ 3,634,724) (Revenue \$	
DAA	coco anpolicos p	0,001,121		Form 990 (2011)
1				1 5/11/ 2 2 4 (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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	9		X
0	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	10	ļ	X
1	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		İ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ <u>X</u> _
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	11f		_ <u>X</u> _
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u>x</u>
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	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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		Ì	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	[1	**
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on]	J	7-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Ì	77
	If "Yes," complete Schedule G, Part III	19		X
20a		20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		ĺ	
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			72
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	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?			₩.
20	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		X
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		
27	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	LI		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		I	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
c	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	Х	_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			v
00	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20	1	x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10 Note: 7 at 1 of 11 ood included to complete objection of			

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Scheduld Contains a response to any question in this Part V Is Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable Define the number of Forms W-2G included in line 1s. Enter -0- if not applicable Define the number of Forms W-2G included in line 1s. Enter -0- if not applicable Define the number of Forms W-2G included in line 1s. Enter -0- if not applicable Define the number of Forms W-2G included in line 1s. Enter -0- if not applicable Define the number of Forms W-2G included in line 1s. Enter -0- if not applicable Define the number of Forms W-2G included in line 1s. Enter -0- if not applicable If It is least on an expended on line 2, of the origination of line 1s required decided include year. Statements, filed for the calindar year ending with or within the year covered by this return If at least on the reported on line 2, of the origination file all required decided indeployment fax returns? Note, If the search of the search o		990 (2011) Guardianship Trust of Vermont, Inc. 03-0264312		Р	<u>age 5</u>
Select the number reported in Box 3 of Form 1996. Enter-0- if not applicable 1	Pa				
18 Enter the number reported in Barx 3 of Form 1006. Enter 0- if not applicable Center the number of Forms W2G mixed on line 1s. Enter 0- if not applicable Center the number of Forms W2G mixed on line 1s. Enter 0- if not applicable Center the number of Forms W2G mixed on line 1s. Enter 0- if not applicable Center the number of Forms W2G mixed on line 1s. Center 0- if not applicable Center than 1st and		Check if Schedule O contains a response to any question in this Part V			4
to Enter the number of Forms W.2G included in the 1a Enter-0in applicable Did the organization comply with brakey withholding must plot reportable payments to vendors and exportable gamming (assisting) without with the year covered by this return. Statements, filed for the calendar year ending with or within the year covered by this return. If all states ore is reported in nine 2, do dit the organization file all required fearling returned to effect the strutturn. If all states ore is reported in nine 2, do dit the organization file all required fearling returned that setting the calendar year ending with or within the year covered by this return. If all states ore is reported in nine 2, do dit the organization file all required fearling returned that setting the calendar year, of the file and the plant of the calendar year, of the file and the plant of the calendar year, of the file and the plant of the pl		1.10	£	Yes	NO
C Dit the cogamization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to price winners? 2a Einter this number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this roturn I'village the search of the calendar year ending with or within the year covered by this roturn I'village the search of the calendar year ending with or within the year covered by this roturn I'village the search of the calendar year ending with or within the year covered by this roturn I'village the search of the calendar year ending with or within the year covered by this roturn I'village the search of the calendar year ending the search of the calendar employment tax returns? Note. I'the sum of limes 1 and 2 a is greated than 250, you may be required to effect on one during the year? 2b If Yes, has it fled a Form 990-T for this year? I'Tho, provide an explanation in Schedule O 2b Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a liminated account in a foreign country level, as a bank account, securities account, or other financial accounts accountly. 2b If Yes, explore the name of the foreign country level, and the security of the security	1a		-		
reportable gamma (gambing) wernings to prize wenners? Sitalements, field for the calendar year ending with or within the year covered by this return If all teads not is reported on Fine Ya. 3 Transmittal of Wage and Tax Sitalements, field for the calendar year ending with or within the year covered by this return Note. If the rum of fines is and 2a is greater than 28.0, you may be required to effect are employment tax returns? 2b If Yes, I has if flield a Form 399-T for this year? If Tho.'p provide an explanation in Schedule O 3c If If Yes, I has if flield a Form 399-T for this year? If Tho.'p provide an explanation in Schedule O 3d All any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a Foreign country (such as a bank account, securities account, or other financial accountry) See instructions for fiting requirements for Form TO F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization party to a prohibeted tax heller transaction or a print to a prohibeted tax heller transaction? 5b Was the organization party to a prohibeted tax heller transaction? 5c Was the organization have annual gross recorpts that are normally greater than \$100,000, and did the organization include with every solicitation and express statement that such contributions or glifts were not tax deductible? 7c 7d organization state and year accepts that are normally greater than \$100,000, and did the organization include with every solicitation anderses statement that such contributions or glifts were not tax deductible? 7d 1d the organization state and year receive deductible contributions under section 170(c). 8d 1f 'Yes,' did the organization include with every solicitation anderses statement that such contributions or glifts were not tax deductible? 7d 1d the organization state and year payment in excess of \$57 made party as a contribution and party for goods and services provided to the payor? 7d 1d th	b	Eller the number of Forme V 20 metabod in the Capping	-		
2a Enter the number of employees reported on Form W-3, Transmittal of Wapp and Tax Statements, field for the calendary save and ending with or within the year covered by this return 1 fat least one is proted on line 2a, old the organization file all required (devel employment tax returns? Note. If the sum of lines 1 is and 2 a is greater than 250, you may be required to efficit gene instructions) 3 b. If the sum of lines 1 is and 2 a is greater than 250, you may be required to efficit gene instructions) 3 b. If the sum of lines 1 is and 2 a is greater than 250, you may be required to efficit gene instructions) 3 b. If the sum of lines 1 is and 2 a is greater than 250, you may be required to efficit gene instructions) 3 b. If the sum of lines 1 is and 2 is greater than 250, you may be required to efficit gene instructions) 3 b. If the sum of lines 1 is an 250, you may be required to efficit gene instructions) 4 b. If the sum of lines 1 is an 250, you may be required to efficit gene instructions) 5 b. If the sum of lines 1 is an 250, you may be required to efficit gene instructions) 5 b. If the sum of the foreign country level as a bank account, securities account, or other financial accounts. 5 b. If the sum of the foreign country level as a bank account, securities account, or other financial Accounts. 5 b. If the sum of the sum of the foreign country level as a bank account, and the sum of the	С	-		1	•
Sistements, filed for the callendar year ending with or within the year covered by this return Note, if the sum of lines is a part 2 as ig reaser than 250, you may be required to e-file (see instructions) 3			1c		<u> </u>
If at least one is reported on line 72, diff the organization file all required federal employment tax returns? 30 Left the quantitation that we unrelated business gross income of \$1,000 or more during the year? 31 Left the quantitation have unrelated business gross income of \$1,000 or more during the year? 32 Left the quantitation have unrelated business gross income of \$1,000 or more during the year? 33 Left the quantitation have unrelated business gross income of \$1,000 or more during the year? 34 As any time during the calendars year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country! 44 Left the year of the man of the foreign country! 55 Left in the year of the gross gross income of \$1,000 or more during the tax year? 56 Left in the year of the gross gross income of \$1,000 or more during the tax year? 57 Left in the year of the gross gross income of \$1,000 or more during the tax year? 58 Left in the year of the gross gross income of \$1,000 or more during the tax year? 59 Left in the year of the gross gross income of \$1,000 or more during the tax year? 50 Left in the year of the gross gross income of \$1,000 or gross that the gross gross income of \$1,000 or gross gross income of \$1,000 or gross	2a				
Note. If the sum of lenes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3.0 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4.1 As any time during the calendar year, did the organization for schedule O 4.2 As any time during the calendar year, did the organization for schedule or other authority over, a financial account in a foreign country (such as a bank account, schidule) 4.2 As 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, schidule) 5. See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5. See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5. See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5. See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5. See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5. See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5. See Instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5. See Instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5. See Instructions for filling requirements for Form TD F 90-22.1, Report of Poreign Bank and Financial Accounts. 5. See Instructions for filling requirements for Form TD F 90-22.1, Report of poreign Bank and Financial Accounts. 5. See Instructions for filling requirements for Form TD F 90-22.1, Report of poreign Bank and Financial Accounts. 5. See Instructions for filling for grantial accounts for filling for filling for filling for filling for filling for fill		Citation in the calculate year change with a second of the calculate	┩ │		
33 Dd the organization have unrelated business gross income of \$1,000 or more during the year? 34 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 in a foreign country! Experiments for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 35 Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 36 Was the organization a party to a prohibited tax shelter transaction at any time during the lax year? 37 Was the organization aparty to a prohibited tax shelter transaction at any time during the lax year? 38 Was the organization aparty to a prohibited tax shelter transaction? 39 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicition an express statement that such contributions or griss were not tax deductible? 40 If "Yes," did the organization include with every solicition an express statement that such contributions or griss were not tax deductible? 40 If "Yes," did the organization include with every solicition and express statement that such contributions or griss were not tax deductible? 41 Was a state of the organization state and the organ	b	·	2b_		
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4. 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). 4. A vary time during the calendar year, did the organization for engine country over, a financial account in a foreign country (such as a bank account, securities account). 5. Was the organization aparty to a prohibited tax she as have account, and the securities account. 6. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 6. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file from 888-17 6. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax defucible? 6. The organization include with every solicitation an express statement that such contributions or gifts were not tax defucible? 6. The organization schema are every defundation of the value of the goods or services provided? 7. The organization receive a payment in excess of \$75 make party as a contribution and party for goods and services provided to the payor? 7. The organization schema provides the payor? 7. The organization schema provides and the spose of tangle personal property for which it was required to file Form 8822? 8. The organization schema provides and the spose of tangle personal property for which it was required to file Form 8222 filed during the year. 9. The organization schema provides and the payor organization or qualified mittelliculal property, did the organization file a Form 1098-C? 9. The organization received a contribution of cars, boats, amplianes, or other vehicles, dot the organization file a Form 1098-C? 9. Sponsoring organization ma		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			77
44 At any time during the calendar year, did the organization have an interest in, or a signature or other authonly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country by the property of the security of a prohibitions for filing requirements for Form TD F 90-22, 1, Report of Foreign Bank and Financial Accounts. 52 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 53 Xs. 54 Was the organization have annual gross receipts that are normally greater than \$100,000, and did 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? 55 If "Yes," did the organization include with every selectation an express statement that such contributions or gifts were not tax deductible? 56 If "Yes," did the organization include with every selectation an express statement that such contributions or gifts were not tax deductible? 56 If the second to the second of the s	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u> </u>
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "res," enter the name of the foreign country ▶ b If "res," enter the name of the foreign country ▶ s enstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for this great register than the second second foreign than the second foreign thad the second foreign than the second foreign than the second for	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
account)? 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. If yes, the organization a party to a prohibited tax shelter transaction at early time during the tax year? 5a Vast the organization a party to a prohibited tax whether transaction at early time during the tax year? 5b Id any taxeble party notify the organization file Form 8886-1? 5c If "Yes" to line Sa of Sb, did the organization file Form 8886-1? 5c If "Yes" to line Sa of Sb, did the organization file Form 8886-1? 5c If yes the organization should any contributions that were not tax deductible? 5c If "Yes" to line Sa of Sb, did the organization file Form 8886-1? 6d If Yes, "and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "and the organization enough the contributions under section 170(c). 9d If "Yes," and the organization enough the donor of the value of the goods or services provided? 1 If "Yes," indicate the number of Forms 8222 filed during the year 1 If Yes," indicate the number of Forms 8222 filed during the year 1 If the organization, during the year, pay premiums, directly or indirectly, to an personal benefit contract? 1 If the organization received a contribution of qualified mellectual property, did the organization file a Form 1098-C7 1 If the organization received a contribution of qualified mellectual property, did the organization file a Form 1098-C7 1 If the organization received a contribution of a passes, or other vehicles, did the organization file a Form 1098-C7 1 If the organization received a contribution of a passes, or other vehicles, did the organization file a Form 1098-C7 1 If the organization received a contribution of a contribution or advised funds and section 509(a)(3) supporting organizations. Did the supporting orga	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
b 1"Yes," effect 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. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for this great requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization to see for Set of the organization that it was or as a party to a prohibited tax shelter transaction? 55.		over, a financial account in a foreign country (such as a bank account, securities account, or other financial			7.7
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **Sa Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?* **Sa Was the organization a party to a prohibited tax sheller transaction?* **Sa Was the organization as party to a prohibited tax sheller transaction?* **Sa Was the organization shell as a party to a prohibited tax sheller transaction?* **Sa Was were not tax deductible organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?* **Organizations that may receive deductible contributions under section 170(c).* **Did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor?* **Did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor?* **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?* **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?* **Did the organization received a contribution of qualified intellectual property, did the organization file?* **Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?* **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, near excess to adaptate outfibutions of cares, boots, and path by eyar?* **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations and path path path path path path path path		account)?	4a		<u> </u>
58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Dio See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that there not tax deductible? 50 Did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 51 Organizations that may receive deductible contributions under section 170(c). 52 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 53 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 53 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If did uning the year and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribution? 54 Did the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, bosts, amplanes, or other vehicles, did the organization file a Form 1098-C? 55 Sponsoring organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations because any taxable distributions under section 4986? 55 Did the organization make a distribution to a donor, donor advised funds. 56 Section 501(c)(2) organizations. Enter: 57	b		-		
b Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction? 5					.,,
til 17'es' to line 5a or 5b, did the organization file Form 8986-T7 6a 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? bil 17'es', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 17'es', did the organization notify the donor of the value of the goods or services provided? 7b 17'es', did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? di 17'es', indicate the number of Forms 8252 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining denor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations have any funds, distributions under section 4986? 9 Sponsoring organizations maintaining donor advised funds. 9 Of the organization make any taxable distributions under section 4986? 9 Sponsoring organizations make any taxable distributions under section 4986? 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contribution to a donor, donor advised funds. 9 Cross receipts, included on Form 990, Part VIII, line 12, for public use of club faci	5a				X
Does the organization solicit any contributions that were not tax deductible? organization solicit any contributions that were not tax deductible? of the organization solicit any contributions that were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Ta Did the organization solicit may be a solicit to the goods or services provided? Th Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To but the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization members or shareholders Gross recome from members or shareholders Bords received for them. Section 501(c)(12) organizations. Enter: Gross receipts, included on Form 990, Par	b				<u>X</u>
organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization or that may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? If "Yes," did the cryanization of the value of the goods or services provided? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization notify the year. Did the organization, during the year, pay premums, directly or indirectly, or personal benefit contract? To the organization, during the year, pay premums, directly or indirectly, or a personal benefit contract? To the organization, during the year, pay premums, directly or indirectly, or a personal benefit contract? To the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization flee Form 899 as required? To the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization flee Form 1098-C? The organization senitarion senitarion grantization of qualified melecular provised funds and section 509(a)(3) supporting organization maintaining donor advised funds. Did the organization is expenses holdings at any time during the year? Section 501(c)(7) organizations. Enter: In initiation fees and capital con	С		5c		
b if Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? The payment is a service provided to the payor? Did the organization notify the donor of the value of the goods or services provided? The payment is a service provided to the payor? The payment is a service provided to the payor? The payment is a service provided to the payor? The payment is a service provided to the payor? The payment is a service provided to the payor? The payment is a service provided to the payor? The payment is a service provided to the payor? The payment is a service provided to the payor? The payment is a service provided to the payor? The payment is a service provided to the payment is a service provided? The payment is a service provided to the payment is a service provided? The payment is a service provided to the payor? The payment is a service provided to the payment is a service provided? The payment is a service provided to the payment is a service provided? The payment is a service provided to the payment is a service provided? The payment is a service provided to the payment is a service provided? The payment is a service provided to the payment is a service provided? The payment is a service provided to the payment is a service	6a				3.5
gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Tell of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? The payon of the organization of qualified intellectual property, did the organization file Form 8899 as required? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? The organizations is certificated a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The organizations is certificated and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization section 500 (a)(1) organization section 500 (a)(1) organization section 500 (a)(1) organization section 500 (a)(1) organization section 500 (a) organization section 500 (a) organization se			_6a		<u> </u>
7 Organizations that may receive deductible contributions under section 170(c). a 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 The post of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The post of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 7 If the organization in received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 7 If the organization in received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 7 If the organization, barboting donor advised funds and section 509(a)3 supporting organizations maintaining donor advised funds and section 509(a)3 supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(?) organizations. Enter: a Initiation fees and capital contributions included on Part Vill, line 12 b Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts.	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b 1f*Yes,* did the organization notify the donor of the value of the goods or services provided? 7b 1f*Yes,* did the organization notify the donor of the value of the goods or services provided? 7c 7d 7d 7d 7d 7d 7d 7d		gifts were not tax deductible?	6b		ļ
and services prowded to the payor? 17'es, "did the organization notify the donor of the value of the goods or services provided? 17'es, "did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 17'es, "indicate the number of Forms 8282 filed during the year 17'es, "indicate the number of Forms 8282 filed during the year 17'es, "indicate the number of Forms 8282 filed during the year 18' Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 19' Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? 19' If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 18' Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year? 19' Sponsoring organizations maintaining donor advised funds. 20' Did the organization make any taxable distributions under section 4966? 30' Did the organization make a distribution to a donor, donor advisor, or related person? 10' Section 501(c)(7) organizations. Enter: 20' a litilation fees and capital contributions included on Part Vill, line 12 20' a litilation fees and capital contributions included on Part Vill, line 12 20' a litilation fees and capital contributions included on Part Vill, line 12 20' a litilation fees and capital contributions included on Part Vill, line 12 20' a litilation fees and capital contributions included on Part Vill, line 12 20' a litilation fees and capital contributions included on Part Vill, line 12 20' a litilation fees and capital contributions included on Part Vill, line 12 20' a litilation fees and capital contributions included on Part Vill, line 12 20' a litilation fees and capital contributions incl	7				
b If Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes," indicate the number of Forms 8282 filed during the year D Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e D Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f D Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations. Did the supporting organizations. Oid the supporting organization and oner advised funds. D D d the organization make any taxable distributions under section 4986? D D d the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(2) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization in formation the organization must report on Schedule O Enter the amount	а		_		Ī
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified thealth plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization information the organization must report on Schedule O b Enter the amount of reserves on hand the organization is licensed to Issue qualified health plans if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
required to file Form 8282? If I*Yes,** indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To but the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To but the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organizations. Did the supporting organization, at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Cross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a Ist be organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves on hand 14a Did the organization	b		76		
If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization, during the year, pay premiums, directly or indirectly, to na personal benefit contract? 77 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 78 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 10 Gross income from members or shareholders b Gross income from embers or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves on hand 13a	C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 In the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 In the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 In the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organizations. Did the supporting organization in the year? 9 Sponsoring organizations maintaining donor advised funds. 2 Did the organization make any taxable distributions under section 49667 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 2 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter: 1 Gross income from members or shareholders 2 Gross income from members or shareholders 3 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: 1 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 It but the organization hierased to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O 2 Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year?		•	/c		ļ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ff the organization received a contribution of qualified intellectual property, did the organization file a Form 899 as required? 7b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the organization make a distribution to a donor, donor advised funds. 10 Section 501(c)(7) organizations. Enter: 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 13 Section 501(c)(12) organizations. Enter: 14 Gross income from members or shareholders 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 16 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 17 If Yes," enter the amount of tax-exempt interest received or accrued during the year 18 Section 501(c)(29) qualified nonprofit health insurance issuers. 19 If Yes," 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 10 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 12 Center the amount of reserves in hand 13 Did the organization receive any payments for ind	d	11 Tes, indicate the number of Forms of Sea most during the year.	┥		İ
If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make a distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand A Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	ę		_		_
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 5 Gross income from members or shareholders 6 Gross income from members or shareholders 7 h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 10 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13 Did the organization receive any payments for indoor tanning services during the tax year? 14 Tyes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	f				
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 2 Did the organization make any taxable distributions under section 4966? 3 Did the organization make and stribution to a donor, donor advisor, or related person? 5 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Tola 1 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	g				
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 2 Did the organization make any taxable distributions under section 4966? 3 Did the organization make and stiribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b			/n	:	
organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 1 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 1da Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 5 Section 920 and \$\frac{1}{140}\$ \$	8				
Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X 14b 15'Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			١.	1	Ī
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
b Did the organization make any stacks distribution to a donor, donor advisor, or related person? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b Lith 17ex," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	9		0.	1	Ť
bid the organization inace a distinction to which, which states in which the organization is licensed to issue qualified health plans c. Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b. Gection 501(c)(7) organizations. Enter: a. Initiation fees and capital contributions included on Part VIII, line 12 b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 12a 13a 14a 14a X 15b 16 "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 13c 13c 13b 13c 14a X 14b 15"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X 14b 14b 15c 17es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			35		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13b 14a X The section 501(c)(29) The section 501 (c) (29) The section					Ī
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X 14a X 15cm 990 (not)			1		
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X 14b 15cm 990 (201)		Gross receipts, included on the first occupied and the second sec	┪		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1	ı		
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		0,000 1100 1100 1100 1100 1100 1100 110	-		I
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		against amounts due of receives nom mem,	122	ĺ	†
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		ł I	120		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		11 7007 0.100 1.100	7		Ī
Note. See the instructions for additional information the organization must report on Schedule O b			132	 	
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а		154	 	
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					I
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15cm 990 (2011)	b				Ī
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-		1
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Little the unionit of roserves strikely	142	<u> </u>	x
b if Tes, has it lied a Form 720 to report these payments * If No., provide an explanation in Gordenic C					† -
		it res, has it filed a Form 720 to report these payments / it into, provide an explanation in Schedule O		m 99	0 (2011)

orn	990 (2011) Guardianship Trust of Vermont, Inc. 03-0264312		_		Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	ough 7b	below, a	and f		
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, o	r chang	ges in Sci	hedu	le	
	O. See instructions. Check if Schedule O contains a response to any question in this					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	LO			
	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					
ь		1b]	LO			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	10 -	-			
-	any other officer, director, trustee, or key employee?			2	1	X
3			}			
•	Did the organization delegate control over management duties customarily performed by or under the direct			•		X
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?		}	3_		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		}	4		
	Did the organization become aware during the year of a significant diversion of the organization's assets?		ŀ	5		X
6	Did the organization have members or stockholders?		}	6	\dashv	X
7a	• • • • • • • • • • • • • • • • • • • •			_		
	one or more members of the governing body?		}	7a		X
b	,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		- 1	
_	stockholders, or persons other than the governing body?		ļ	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the follov	ving		#	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?		ļ	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		1		{	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Interna-	al Reve	nue Cod	e.)	т	
			r		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?].	10a		_ <u>X</u> _
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?		<u> </u>	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	orm?		11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990				I	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		ļ	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to continuous c	onflicts?]	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				ł	
	describe in Schedule O how this was done		Ĺ	12c	X	
3	Did the organization have a written whistleblower policy?		[13	Х	
4	Did the organization have a written document retention and destruction policy?		[14	X	
5	Did the process for determining compensation of the following persons include a review and approval by				1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ł	
а	The organization's CEO, Executive Director, or top management official		į	15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					*********
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				I	
	with a taxable entity during the year?		[16a	Ī	X
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 take steps to safeguard the				I	
	organization's exempt status with respect to such arrangements?		Ī	16b	I	
Sec	tion C. Disclosure					
_ <u></u> 7	List the states with which a copy of this Form 990 is required to be filed None					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	3)s onlv)				
-	available for public inspection. Indicate how you made these available. Check all that apply.	-,,)				
	Own website Another's website X Upon request					
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest po	alicy				
•	and financial statements available to the public during the tax year	oncy,				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization: Washington County Mental Health PO Box 647					
M	ontpelier VT 05601		802-	-22	יח_פ	501
+ 4	···					

Page 7

Form 990 (2011)	Guardianship	Trust of	Vermont	. Inc.	03-0264312
. O.III OOQ (EO I I)				,	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order, individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (describe	bo: off	x, unle	Pos check ess pe	rson ı	than c s both r/trusto	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2 1099-MISC)	organization and related organizations
(1) Robert Harvey				-	-	<u> </u>				
Director	4.00	X				Į.		0	0	0
(2) Erica Rocheleau										
Director	4.00	X		L.	<u> </u>			0	0	0
(3) Margaret Pearlst										
Director	4.00	X				<u>L</u>		0	0	0
(4) Lisa Smedy										_
Director	4.00	X		<u> </u>		<u> </u>	<u> </u>	0	0	0
(5) Beth Stone				•						•
Director	4.00	X				<u> </u>		0	0	0
(6) Rachel Colby				l				ا		•
Director	4.00	X			<u> </u>	ļ	<u> </u>	0	0	0
(7) Lauren Keating	4 00									•
Director	4.00	X		<u> </u>	 —	-	-	0	0	0
(8) Paulette Rochele								اه	o	0
Director	4.00	X		 		├—	_		<u>U</u>	
(9) Naomi Graham	4.00			x		1	İ	ol	o	0
Secretary (10) Wayne Hersey	4.00	 		^	\vdash	\vdash				
Chair	4.00		i	x		ļ		o	o	0
(11)	4.00	-		^		╁	-			
(11)				ŀ	ļ					
(12)										
(13)		-		-	-					
(14)					-					

DAA

Form 990 (2011)													P	age 8
			stees	s, Ke	y En	nplo	yees	s, ar	nd Highest Compensated I	Employees (continued)				
	A) and title	(B) Average hours per week (describe hours for	bo of	x, unle	Pos theck oss pe nd a d	more rson i irecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	÷ ∞	(F) Estimat amount other mpensa from th	of stion	
		related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		а	rganiza Ind rela ganizat	ed	
(15)														
(16)														
(17)														
(18)			-											
(19)														
(20)				H										
(21)	····						-		1					
(22)														
(23)														
(24)														
(25)		_											_	
1b Sub-total		L	<u> </u>	L			<u> </u>	>						
	continuation shee lines 1b and 1c)	ets to Part VII, S	ectio	on A				>						
	er of individuals (incompensation from	-		_	ose l	isted	d abo	ve)	who received more than \$10	n 000,000				
				or tr	istee	ke	v em	niov	ree, or highest compensated			4	Yes	No
employee o	n line 1a? If "Yes,"	complete Schedu	ile J	for s	ıch i	ndıv	idual		and other compensation from			3		<u>X</u>
individual	_	-							mplete Schedule J for such			4		X
	son listed on line 1a rendered to the org								unrelated organization or ind r such person	lividual		5		x
	pendent Contract		sate	d inc	lene	nder	at cor	ntrac	ctors that received more than	s \$100 000 of				
	on from the organiz								r year ending with or within the				(C) pensatu	
Anthony B		business address				321	Ba	rt	Descript	on of services		Com	pensati	On
Plainfie	eld	VT	0	56				-	Home Provider				103	,596
Sherla Me E. Barre	_	VT	0	56		20	Box	1	995 Home Provider				100	<u>, 355</u>
	<u> </u>							-			_			
2 Total number	er of independent c	ontractors (includ	ing t	out no	ot lim	nted	to th	ose	listed above) who					
	re than \$100 000 o		_						-	2	-			

Part V	III Statement of Rev	enue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
3 £ 1a	Federated campaigns	1a					
= ⊑ I	Membership dues	1b					
S P	Fundraising events	1c		1			
<u> </u>	Related organizations	1d		1			
<u>viE</u> e	Government grants (contributions)	1e					
SS f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f		Ī			
9 g	Noncash contributions included in lines 1	a-1f \$					
	Total. Add lines 1a-1f		<u> </u>				
Program Service Revenue			Busn. Code	3 634 736	2 624 726		1
ē 2a		S REIMBURSE	624100	3,634,726	3,634,726		
e b							
ر ر							
gy d E e			 				
g g	All other program service reve	entie					
동 "		c	>	3,634,726			,
3	Investment income (including	dividends, interes	st,				
	and other similar amounts)		▶ _	21			2:
4	Income from investment of ta	x-exempt bond pr	oceeds 🕨 📘				
5	Royalties		•				
	(i) Real	(11)	Personal	I			
6a	Gross rents			į			
b	Less rental exps						
C				1			1
d 7a	Cross amount from		>				
'-	sales of assets	es (1	i) Other	‡			
١.	other than inventory			1			
"	Less cost or other	1		1			
	basis & sales exps Gain or (loss)			1			
	Net gain or (loss)		•	Ť	Ì		
8a	Gross income from fundraising ev	vents					
Other Revenue	(not including \$			1			
e e	of contributions reported on line 1	c)		1			
<u>ہ</u> ا	See Part IV, line 18	a		1			!
美 b	Less: direct expenses	b		1			-
_ C	• •						
9a	Gross income from gaming activit	ľ		1			
	See Part IV, line 19	a		1			
	Less: direct expenses	b[1			1
	Net income or (loss) from gar						
10a	 Gross sales of inventory, less returns and allowances 	a a					
h	Less: cost of goods sold	ь					
1	Net income or (loss) from sal		•	1			1
<u>"</u>	Miscellaneous Revenu		Busn. Code			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ľ
11a	 .						
Ь							
C							
d	All other revenue						
е	Total. Add lines 11a-11d		▶ _				
12	Total revenue. See instruction	ons	<u>▶</u>	3,634,747	3,634,726		0 2: Form 990 (201

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,	(A)	(B)	(C)	(D)
_7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21			,	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				ļ
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				ļ
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
	Legal				
	Accounting Lobbying				
	Professional fundraising services. See Part IV, line 17	<u></u>			
f	Investment management fees				
g g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest _				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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		Ĺ	,	
_	(A) amount, list line 24e expenses on Schedule O.) Home Providers	1,761,173	1,761,173		
a b	Room and Board	759,741	759,741		
C	DS Companion Care	740,901	740,901		
d	Respite	372,889	372,889		
	All other expenses	20	20		
25	Total functional expenses. Add lines 1 through 24e	3,634,724	3,634,724	0	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 ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2011) Guardianship Trust of Vermont, Inc. 03-0264312
Part X Balance Sheet

4312 Page 11

_Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
$\neg \neg$	1	Cash—non-interest bearing		27,764	1	27,765
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		213	4	
	5	Receivables from current and former officers, directors, tru	istees, kev			
		employees, and highest compensated employees Comple	=		1	
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined ur	nder section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), an			Ī	
1		employers and sponsoring organizations of section 501(c)			I	
σ		employees' beneficiary organizations (see instructions)	,		6	
Assets	7	Notes and loans receivable, net			7	
\alpha	8	Inventories for sale or use			8	
ŀ	9	Prepaid expenses and deferred charges	•	59,474	9	57,262
İ		Land, buildings, and equipment cost or]			······································
Į		other basis. Complete Part VI of Schedule D	10a		1	
	ь	Less. accumulated depreciation	10b		10c	
	11	Investments—publicly traded secunties	\		11	· · · · · · · · · · · · · · · · · · ·
	12	Investments—other securities See Part IV, line 11			12	
1	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	68,888
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16	153,915
\neg	17	Accounts payable and accrued expenses			17	75,834
- 1	18	Grants payable		18		
	19	Deferred revenue	59,474	19	57,262	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of S	Schedule D		21	
ς l	22	Payables to current and former officers, directors, trustees				
Liabilities		employees, highest compensated employees, and disqual			ı	
펿		Complete Part II of Schedule L	•		22	
	23	Secured mortgages and notes payable to unrelated third p	arties		23	
1	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities (including federal income tax, payables to r				
		parties, and other liabilities not included on lines 17-24) C				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		135,188	26	133,096
		Organizations that follow SFAS 117, check here ▶ X	and complete		. 1	, , , , , , , , , , , , , , , , , , , ,
es		lines 27 through 29, and lines 33 and 34.	•		I	
anc	27	Unrestricted net assets		20,796	27	20,819
3ak	28	Temporarily restricted net assets		28		
פ	29	Permanently restricted net assets		29		
딢		Organizations that do not follow SFAS 117, check her				
6		complete lines 30 through 34.	<u> </u>	I		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30		
455	31	Paid-in or capital surplus, or land, building, or equipment for		31		
et/	32	Retained earnings, endowment, accumulated income, or o			32	
Z	33	Total net assets or fund balances	20,796	33	20,819	
	34	Total liabilities and net assets/fund balances		155,984	34	153,915

orm	990 (2011) Guardianship Trust of Vermont, Inc. 03-0264312			P <u>ag</u>	e 12						
	rt XI Reconciliation of Net Assets										
	Check if Schedule O contains a response to any question in this Part XI				\prod						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,63								
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>3,6</u> 3	34,7	7 <u>24</u> 23						
3	Revenue less expenses Subtract line 2 from line 1										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,7	<u> 196</u>						
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		<u>20,8</u>	<u> 319</u>						
Pa	rt XII Financial Statements and Reporting				_						
	Check if Schedule O contains a response to any question in this Part XII										
				Yes	No						
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1							
	Schedule O.			1							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ <u>X</u> _						
b	Were the organization's financial statements audited by an independent accountant?		2b		X						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight										
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c								
	If the organization changed either its oversight process or selection process during the tax year, explain in			1							
	Schedule O.			1							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1							
	issued on a separate basis, consolidated basis, or both.			1							
	Separate basis Consolidated basis Both consolidated and separate basis			1							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ł							
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>						
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		3b								
			For	990	(2011)						

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer Identification number Name of the organization Guardianship Trust of Vermont, Inc. 03-0264312 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). 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: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. Type I Type II c Type III–Functionally integrated 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box 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 11g(i) (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (hi) Type of organization the organization in organization in col organization (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes No Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Guardianship Trust of Vermont, Inc. 03-0264312

Page 2

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	h, or fifth tax year a	is a section 501(c)(3)	_
	organization, check this box and stop here			 			_
	tion C. Computation of Public Su						
14	Public support percentage for 2011 (line 6,			(f))		14	<u>%</u>
15	Public support percentage from 2010 Sche					15	<u>%</u>
16a	33 1/3% support test—2011. If the organic				1/3% or more, ched	ck this	. □
	box and stop here. The organization qualifi	• •	•		00.4/00/		▶ 📗
b	33 1/3% support test—2010. If the organization have the box and step here. The organization				s 33 1/3% or more,		▶ □
170	check this box and stop here. The organization of the companies of the check this box and stop here. The organization of the check this box and stop here. The organization of the check this box and stop here. The organization of the check this box and stop here. The organization of the check this box and stop here.	-		-	or 16h, and line 1/	Lie	
114	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac						
_	organization						▶ []
þ	10%-facts-and-circumstances test—201	-				ne	
	15 is 10% or more, and if the organization r				-	L.	
	Explain in Part IV how the organization mee	ets the Tacts-and-c	ircumstances" test	rne organization o	quannes as a public	ıy	▶ □
40	supported organization	not obselve here:	ulmo 12 46- 465	170 or 17h -h1	this have and acc		
18	Private foundation. If the organization did	not check a box or	i iine 13, 16a, 16b,	1/a, or 1/b, cneck	uns box and see		▶ □
	instructions						

Page 3

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.)

Sec	tion A. Public Support	quality dilaci an	o tooto noted be	now, picase coi	inpicto r art ii.j		
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,830,920	3,754,456	3,792,125	3,748,288	3,634,726	18,760,515
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						_
6	Total. Add lines 1 through 5	3,830,920	3,754,456	3,792,125	3,748,288	3,634,726	18,760,515
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				1		
500	line 6.) tion B. Total Support	<u> </u>					18,760,515
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	3,830,920	3,754,456	3,792,125	3,748,288	3,634,726	18,760,515
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
b	royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	117	51	46	37	21	272
С	Add lines 10a and 10b	117	51	46	37	21	272
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				İ		
	and 12.)	3,831,037	3,754,507	3,792,171	3,748,325	3,634,747	18,760,787
14	First five years. If the Form 990 is for the o	•	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)		. 🗀
<u></u>	organization, check this box and stop here						▶
	tion C. Computation of Public Su	*··	<u> </u>				
15	Public support percentage for 2011 (line 8,	• • • • • • • • • • • • • • • • • • • •)		15	100.00%
16 Soo	Public support percentage from 2010 Scher tion D. Computation of Investment					16	100.00%
17				huma (f)		17	<u></u> %
18	Investment income percentage for 2011 (lir Investment income percentage from 2010 §		-	umm (1))		18	%
19a	33 1/3% support tests—2011. If the organ			and line 15 is mor	e than 33 1/3% an		
, Ja	17 is not more than 33 1/3%, check this box						▶ X
b	33 1/3% support tests—2010. If the organ	<u>-</u>	-	•	• •		
-	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did		-	•			▶☐
				·			200 === 0011

Schedule A (Form 990 or 990-EZ) 2011 Guardianship Trust of Vermont, Inc. 03-0264312

Page 4
Part II line 10

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).

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047 Open to Public

▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Name of the organization Employer Identification number Guardianship Trust of Vermont, Inc. 03-0264312 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 Aggregate contributions to (during year) 3 Aggregate grants from (dunng year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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) Yes No (i) and section 170(h)(4)(B)(ii)? 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. 1a 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 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 Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche		hip Trust								age 2
Pa	rt III Organizations Maintaining	Collections of	Art, I	Historical Tre	easures,	or Other	Similar Assets	(contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records,	, check	any of the follow	ing that are	a significan	t use of its			
а	Public exhibition	d 🗍	Loan	or exchange prog	ırams					
b	Scholarly research	e i	Other	g- - g	,					
c	Preservation for future generations									
4	Provide a description of the organization's coll	lections and explain l	how the	ev further the org	anızatıon's e	xempt pur	oose in Part			
·	XIV.	'		,						
5	During the year, did the organization solicit or	receive donations of	art, his	storical treasures	, or other sin	nılar				
_	assets to be sold to raise funds rather than to							Y	es_[] No
Pa	et IV Escrow and Custodial Arr	angements. Co	mplet	e if the organ	ization an	swered "	Yes" to Form 990), Part I	V,	
	line 9, or reported an amour	nt on Form 990,	Part >	K, line 21.						
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for o	contributions or o	ther assets i	not			_	_
	included on Form 990, Part X?							Y	es _	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follo	owing t	able.						
							<u> </u>	Amou	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1 <u>f</u>			٦
	Did the organization include an amount on Fo	rm 990, Part X, line 2	217					Ц 1	es	_ No
	If "Yes," explain the arrangement in Part XIV.	lata if the arrani		onguered "V	/oo" to For	000 I	Port IV line 10			
	ert V Endowment Funds. Comp	(a) Current year	Zalior	(b) Pnor year	(c) Two ye		(d) Three years back	(e) Fo	ur years	hack
4-	Parameter of wareholders	(a) Current year	+-	(b) Filot year	(0) 140 ye	·	(d) Thice years back	107.0	ui yours	Duck
1a	Beginning of year balance		+					 		
0	Contributions Not investment earnings gains and		+					 	•••••	
C	Net investment earnings, gains, and losses									
ч	Grants or scholarships		 							
	Other expenditures for facilities and		 					1		
Ŭ	programs									
f	Administrative expenses			····						
a	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	(line 1	g, column (a)) he	ld as:					
а	Board designated or quasi-endowment	%	,							
b	Permanent endowment ▶ %									
С	Temporanly restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that	t are held and ad	ministered fo	or the			_	
	organization by							_	Yes	No
	(i) unrelated organizations							3a(i)		<u> </u>
	(ii) related organizations							3a(ii	4	ļ
b	If "Yes" to 3a(II), are the related organizations	listed as required or	Sched	dule R?				3b	<u> </u>	Ш.
_4	Describe in Part XIV the intended uses of the									
_Pa	ert VI Land, Buildings, and Equi					T				
	Description of property	(a) Cost or other (investment		(b) Cost or o		1	Accumulated epreciation	(d) Boo	k value	
1a	Land .					ļ				
b	Buildings				·					
С	Leasehold improvements									
đ	Equipment									
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colu	mn (B), line 10(c))))			
							Schodu	le D (For	m gar	11 201

Schedule D (Form 990) 2011 Guardianship Trust		03-0264312	Page 3
Part VII Investments—Other Securities. See Form	990, Part X, line 12.		***
(a) Description of security or category	(b) Book value	(c) Method of valuatio	
(including name of security)		Cost or end-of-year market	value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		A. 100 - 100 -	
(E)			
(F)			
(G)			· · · · · · · · · · · · · · · · · · ·
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Form	000 Part V line 13		
		(c) Method of valuatio	
(a) Description of investment type	(b) Book value	Cost or end-of-year market	
/4\			
(1)			
(2)			
(3)			
(4)			
(5)			··
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)		·····	
(40)			-
(10) Total (Column (b) must equal Form 900, Part X, sel. (B) line 12)	>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15	<u> </u>		
(a) Description			(b) Book value
(1) Due from WCMHS			68,888
(2)			,
(3)			
(4)	- Comment of the control of the cont		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		>	68,888
Part X Other Liabilities. See Form 990, Part X, line	25.		
1. (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, col (B) line 25)	•		
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot		ments that reports the	
organization's liability for uncertain tax positions under FIN 48 (ASC 740)		·	

Sche	dule D (Form 990) 2011 Guardianship Trust of Vermor	nt, Inc.	03-0264312		Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990			ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	1	10	
Pa	Reconciliation of Revenue per Audited Financial Stater	nents With F	Revenue per Returi	n	
1	Total revenue, gains, and other support per audited financial statements			1	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d		2	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
C	Add lines 4a and 4b		4	c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per Retu	urn	
1	Total expenses and losses per audited financial statements		1	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d		2	le	
3	Subtract line 2e from line 1		<u></u> :	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			lc	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	

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.

Part XIV Supplemental Information

. Schedule D (Form 990) 2011 Guardianship Trust of Vermont, Inc. 03-0264312

Part XIV Supplemental Information (continued)

Page 5

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Guardianship Trust of Vermont, Inc.

Employer identification number 03-0264312

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Draft of 990 is approved by board of directors

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Enforcement of Conflicts Policy WCMHS conducts a periodic review to see if

there have been any transactions with parties listed on the conflict on

Interest Disclosure Survey.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation Process for Top Official According to the by-laws, the Board of Directors shall fix salaries of the officers of the Corporation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

According to the by-laws, the salaries of other agents and employees of the

Corporation may be fixed by the Board of Directors or by an officer to whom

that function has been delegated by the Board. All of the other employees

receive an across-the-board salary increase that is recommended by the

Board staff management committee to the Board of Directors that either

approves the increase or not.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
All governing documents are made available to the public upon their written request.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

▶ See separate instructions.

2011 OMB No 1545-0047

Open to Public inspection

Employer identification number Department of the Treasury Internal Revenue Service Name of the organization

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 03-0264312 (e) End-of-year assets **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state
or foreign country) Pnmary activity Guardianship Trust of Vermont, Inc. (a) Name, address, and EIN of disregarded entity Part II Parti Ξ (2) ල 3 <u>4</u>

Section 512(b)(13)
controlled entity? × (f) Direct controlling entity N/A (e)
Public chanty status
(if section 501(c)(3)) 7 (d) Exempt Code section 501C3 (c)
Legal domicile (state
or foreign country) 5 (b) Primary activity Provider 03-0215872 Washington County Mental Health Ser (a) Name, address, and EIN of related organization 05602 ţ PO Box 647 Montpelier Ξ 8 <u>\$</u> ල 3

Schedule R (Form 990) 2011

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

03-0264312

Guardianship Trust of Vermont, Inc.

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 Percentage ownership 3 Percentage ownership General or managing partner? Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of end-of-year assets Schedule K-1 (Form 1065) Share of 6 (h)
Disproportionate
alloc ? Yes No Share of total Income (g) Share of end-ofyear assets (C corp. S corp. Type of entity or trust) (1) Share of total Income Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) entity € (d) Direct controlling foreign country) Legal domicile (state or entity (c)
Legal
domicile
(state or
foreign Primary activity Primary activity ê Name, address, and EIN of related organization Name, address, and EIN related organization Part IV Part III PA PA 13 18 3 E 18 8 | ල 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

1c X	 	-	10 01 X	4	<	<	4	4	4	4	(4	4	×	<	<	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	2 + 5 + 1 + 2 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4	4	x x x x x x x x x x x x x x x x x x x	2	2
																ransaction thresholds								
																ganization(s) ganization(s) ation(s) who must complete this line, including covered relationships and transaction thresholds	tionships and transaction threshole	itonships and transaction threshole (c) Amount Involved	ionships and transaction threshole (c) Amount involved	itonships and transaction threshol	ionships and transaction threshold (c) Amount involved	ionships and transaction threshol. (c) Amount Involved	ionships and transaction threshole (c) Amount Involved	ionships and transaction threshole (c) Amount Involved
																luding covered relationship	luding covered relationship	luding covered relationship (b) Transaction	luding covered relationship (b) Transaction type (a-r)	luding covered relationship (b) Transaction type (a-r)	Uding covered relationship (b) Transaction type (a-r)	(b) Transaction (ype (a-r)	(b) Transaction type (e-r)	(b) Transaction type (a-r)
																plete this line, including cove	plete this line, including cove	plete this line, including cove (b) Transactut type (e-7	plete this line, including cove	plete this line, including cove (b) Transaction (b)	plete this line, including cove	plete this line, including cove (b) Transacture (b)	plete this line, including cove	plete this line, including cove
									organization(s)	rganization(s) rganization(s)	organization(s) riganization(s) zation(s)	rrganization(s) rrganization(s) zation(s)	rganization(s) rganization(s) zation(s)	rganization(s) rganization(s) zation(s)	rganization(s) rganization(s) zation(s)	rganization(s) rganization(s) zation(s)	rganization(s) rganization(s) zation(s) n who must complete this lir	rganization(s) rganization(s) zation(s) n who must complete this lir	rganization(s) rganization(s) zation(s) n who must complete this lir	rganization(s) rganization(s) zation(s) n who must complete this lir	rganization(s) zation(s) awho must complete this lir	rganization(s) rganization(s) zation(s) n who must complete this lir	rganization(s) rganization(s) zation(s) who must complete this lir	rganization(s) rganization(s) zation(s) who must complete this lir
							ation(s)	ation(s) nization(s)	ation(s) nization(s) ons for related organizatior	Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)	Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s) nization(s) ons for related organizatior ons by related organizatior h related organization(s)	ation(s) nization(s) ons for related organizatior ons by related organization h related organization(s)	ation(s) nization(s) ons for related organizatior ons by related organization h related organization(s)	ation(s) nization(s) ons for related organization ons by related organization(s) h related organization(s)	ated or rganız	ated or rganiz	ated or rganiz	nted or rganiz	rganiz	rganiz	nted or rganız	rganiz	rganiz rganiz
ganızation(s)	gamzanes) ization(s)	(s)u					related organization(s)	Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s)	related organization(s) om related organization(casing solicitations for n	related organization(s) om related organization(; raising solicitations for rr raising solicitations by re	related organization(s) om related organization(; raising solicitations for rr raising solicitations by re other assets with related	related organization(s) m related organization(; raising solicitations for re raising solicitations by re other assets with related tion(s)	related organization(s) om related organization(s raising solicitations for re raising solicitations by re other assets with related tion(s)	related organization(s) m related organization(; raising solicitations for re raising solicitations by re other assets with related tion(s) or expenses	related organization(s) m related organization(; raising solicitations for re raising solicitations by re ther assets with related tion(s) or expenses for expenses for expenses riganization(s)	Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organiza sharing of facilities, equipment, mailing lists, or other assets with related organiza Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on	related organization(s) m related organization(taising solicitations for recassing solicitations by reaster assets with related tion(s) or expenses for expenses	assets to related organization(s) assets from related organization(s) or fundraising solicitations for re p or fundraising solicitations for re lists, or other assets with related organization(s) ation(s) for expenses ation(s) for expenses ated organization(s) related organization(s) s, see the instructions for inform (a) Name of other organization	related organization(s) m related organization(s) raising solicitations for re- raising solicitations by re- sther assets with related tion(s) or expenses for expenses for expenses for expenses for expenses for expenses he instructions for inform (a) her organization	related organization(s) m related organization(s raising solicitations for re raising solicitations by re sther assets with related tion(s) or expenses or expenses or expenses ior expenses he instructions for inform (a) her organization	related organization(s) maising solicitations for recassing solicitations by register assets with related tion(s) or expenses or expenses or expenses ior expenses ior expenses he instructions for inform (a) her organization	related organization(s) m related organization(s) raising solicitations by re raising solicitations by re sther assets with related tion(s) or expenses or expenses or expenses ior expenses he instructions for inform (a) her organization	related organization(s) maising solicitations for recassing solicitations by regained solicitations by respenses or expenses o	related organization(s) masing solicitations for recassing solicitations by regainer assets with related tion(s) or expenses or expenses or expenses ior expenses he instructions for inform (a) her organization(s) her organization
on from related orgar	for related organizat	elated organization(s)	ıızation(s)	d organization(s)	d organization(s)		or other assets to reli	or other assets to reli or other assets from	or other assets to reit or other assets from embership or fundraik	or other assets to relication or other assets from smbership or fundraisemenship or fu	or other assets to reli or other assets from embership or fundrals embership or fundrals t, mailing lists, or oth	or other assets to relication or other assets from smbership or fundrais embership or fundrais t, mailing lists, or othin related organization	or other assets to relicate or other assets from smbership or fundrais mailing lists, or other helated organization dorganization or dorganiza	or other assets to relice or other assets from smbership or fundrais. It, mailing lists, or other helated organization dorganization(s) for ed organization(s) for ed	or other assets to relication or other assets from smbership or fundrais the mailing lists, or other helated organization organization organization for early to related organization related organization related organizery from related organizery from related organizery from related organizery from related organizery from related organizery from related organizery from related organizery from related organizery	or other assets to relicate or other assets from smbership or fundrais. It, mailing lists, or other helated organization(s) for ed organization(s) for early to related organization erry to related organizery from related o	or other assets to relicate or other assets from smbership or fundrais mbership or fundrais it, mailing lists, or other helated organization (s) for ed organization(s) for erry from related organization erry from related organization (s) for erry from related organization (s) for erry from related organization (s) for erry from related organization (s) for erry from related organization (s) for erry from related organization (s) for erry from related organization (s) for error from	or other assets to relicate or other assets from smbership or fundrais ambership or fundrais. It mailing lists, or other helated organization(s) for ed organization(s) for early to related organization related organizery. See the Inve is "Yes," see the	or other assets to relicate or other assets from ambership or fundrais ambership or fundrais it, mailing lists, or other helated organization(s) for ed organization(s) for ed organization related organization related organization related organization related organization related organization for many to related organization for the second form of the second related organization for the second form of the seco	or other assets from or other assets from ambership or fundrais ambership or fundrais. It mailing lists, or other a forganization (s) for ed organization (s) for organization related organization related organization related organization related organization related organization for the is "Yes," see the inverse is "Yes," see the inverse is	or other assets to relicate or other assets from ambership or fundrais the mailing lists, or other halfated organization or for ed organization organization organization organization organization organization for manated organization organization organization for electric managements. See the in the light organization organizati	or other assets from or other assets from ambership or fundrais ambership or fundrais. It, mailing lists, or other a organization (s) for organization (s) for organization related organization related organization related organization for organization organization for organization organization organization for organization organ	or other assets to relicate or other assets from ambership or fundrais the mailing lists, or other halated organization organization organization organization for ed organization organization for eleven from related organization for the series "Yes," see the series we is "Yes," see the series of the organization organization for the series organization for the series organization for the series organization for the series organization for the series or other	or other assets to relicate or other assets from ambership or fundrais the mailing lists, or other halated organization organization organization organization for early from related organizary from
Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)		aclities, equipment, or	aclities, equipment, or once of services or meml	aclities, equipment, or once of services or memines of services or memines of services or memines.	acilities, equipment, or or or or or or or or or or or or or	Lease of facilities, equipment, or other assets from rela Performance of services or membership or fundraising Performance of services or membership or fundraising Sharing of facilities, equipment, mailing lists, or other a Sharing of paid employees with related organization(s)	Lease of facilities, equipment, or other assets from related or Performance of services or membership or fundraising solici Performance of services or membership or fundraising solici Sharing of facilities, equipment, mailing lists, or other assets Sharing of paid employees with related organization(s)	Lease of facilities, equipment, or other assets from related on Performance of services or membership or fundraising solicit Performance of services or membership or fundraising solicit Sharing of facilities, equipment, mailing lists, or other assets shaning of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses	Lease of facilities, equipment, or other assets from related of Performance of services or membership or fundraising solic Performance of services or membership or fundraising solic Sharing of facilities, equipment, mailing lists, or other assets Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expense: Reimbursement paid by related organization(s) for expense Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization	Lease of facilities, equipment, or other assets from related org Performance of services or membership or fundraising solicita Performance of services or membership or fundraising solicita Sharing of facilities, equipment, mailing lists, or other assets w Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions	acultues, equipment, or of services or memt noe of services or memt of facultues, equipment, or find employees with refine the paid to related or ement paid to related or ement paid by related or ement paid by related or ensert of cash or property asfer of cash or property wer to any of the above	acultues, equipment, or or or services or memt not of services or memt facultues, equipment, or final employees with referent paid to related or ement paid by related or ement paid by related or sifer of cash or property sifer of cash or property wer to any of the above	acultues, equipment, or of services or memt noe of services or memt of facultues, equipment, or final employees with refined paid to related or ement paid to related or ement paid by related or ement paid by related or ement paid to property inster of cash or property wer to any of the above	acultues, equipment, or of services or memt toe of services or memt fracultues, equipment, or final employees with rement paid to related or ement paid by related or ement paid by related or services of cash or property user to any of the above	acultues, equipment, or one of services or memt not of services or memt fracultues, equipment, or find the paid employees with respect to any of the above wher to any of the above	acultues, equipment, or of services or memt ree of services or memt fracultues, equipment, or final employees with rement paid to related or ement paid by related or ement paid by related or services of cash or property user to any of the above	acultues, equipment, or or or of services or membrace of services or membrace of services or membrace or services or membrace or ement paid to related or ement paid to related or ement paid by related or ement paid to property is fer of cash or property wer to any of the above	acultues, equipment, or or of services or memt nee of services or memt ffacultues, equipment, or f paid employees with rement paid to related or ement paid by related or ement paid by related or ement paid by related or ement paid to property user of cash or property wer to any of the above
c Giff, grant, o			f Sale of asse	g Purchase of		i Lease of fac		j Lease of fac									v	v		1 1 1		1 (1) (1		

03-0264312 Schedule R (Form 990) 2011 Guardianship Trust of Vermont, Inc. Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership ž (I) General or managing partner? Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ž Yes (g)
Share of
end-of-year
assets (f) Share of total income (e)
Are all partners
section
501(c)(3) organizations? Yes No Legal Predominant domicile income (related, (state or unrelated, excluded foreign from tax under country) (b) Pnmary activity (a) Name, address, and EIN of entity 6 E |Ξ 9 18 8 6 8 | ତ **3** 9

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 Guardianship Trust of Vermont, Inc. 03-0264312

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

GUÁRDIAN Guardianship Trust of Vermont, Inc. 03-0264312 Federal Statements 1/24/2013 2:50 PM 03-0264312 FYE: 6/30/2012 **Taxable Interest on Investments** Description Exclusion Postal Acquired after US Unrelated Business Code Code Code 6/30/75 Obs (\$ or %) Amount 21 14 21 Total

1/24/2013 2:50 PM Fund Raising Management & General Form 990, Part IX, Line 24e - All Other Expenses 20 20 Program Service **Federal Statements** Expenses Total GUARDIAN Guardianship Trust of Vermont, Inc. Description FYE: 6/30/2012 Total 03-0264312 Bank Fees

1/24/2013 2:50 PM	Amount \$ 3,634,726 \$ 3,634,726	\$ 21 \$ \$ 21	
nt, Inc. Federal Statements	Schedule A, Part III, Line 2(e) Description	Schedule A, Part III, Line 10a(e) Description	
GUARDIAN Guardianship Trust of Vermont, Inc. 03-0264312 FYE: 6/30/2012	De	Deral	

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

							1	
Department of the T Internal Revenue Se		► File a	separate a	pplication for each return.				
		omatic 3-Month Extension, complete	only Part I	and check this box				► X
,	-	ditional (Not Automatic) 3-Month Exte	-		m)			_
-	_	ess you have already been granted an a				В		
•								
Electronic fili	ng (e-file). You	a can electronically file Form 8868 if you	need a 3-mo	onth automatic extension of time to file (6 month	ns for		
a corporation re	equired to file I	Form 990-T), or an additional (not autom	atic) 3-mont	h extension of time. You can electronica	ally file F	orm		
8868 to reques	t an extension	of time to file any of the forms listed in F	art I or Part	If with the exception of Form 8870, Infor	rmation			
Return for Trar	nsfers Associat	ted With Certain Personal Benefit Contra	acts, which in	nust be sent to the IRS in paper format (see			
instructions) F		s on the electronic filing of this form, visit			Nonprof	its		
Part I		c 3-Month Extension of Time.						
A corporation r	equired to file	Form 990-T and requesting an automation	c 6-month ex	tension-check this box and complete				. \Box
Part I only								▶ 📙
All other corpor	rations (includi	ng 1120-C filers), partnerships, REMICs	, and trusts i	must use Form 7004 to request an exter	nsion of	time		
to file income to	ax returns							
- ,				Enter filer				nstructions
Type or	Name of exe	empt organization or other filer, see instru	uctions		l Em	pioyer identii	ication number	er (EIN) or
print	~	anabin Manat of Vor	man+	Tno	₩ (03-026	:/312	
File by the due date for		anship Trust of Ver					number (SSN)	
filing your	•	eet, and room or suite no If a P O box, s SOX 647	see instruction	oris	$ \Box$	aai security ii	uniber (SSN)	,
return See		post office, state, and ZIP code For a fe	oreian addre	see see instructions	<u> </u>			
instructions	Mon tpe		05601					
						··		
Enter the Retu	rn code for the	return that this application is for (file a s	eparate appl	lication for each return)				01
Application			Return	Application				Return
ls For			Code	Is For				Code
Form 990			01	Form 990-T (corporation)				07
Form 990-Bl	L		02	Form 1041-A				08
Form 990-E2	<u> </u>		01	Form 4720				09
Form 990-PI	F		04	Form 5227				10
Form 990-T	(sec 401(a) or	r 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other tha		06	Form 8870				12
		Washington County Men	tal Hea	lth				
		PO Box 647					- 0F66	
 The books a 	are in the care of	▶ Montpelier				V	т 0560)1
-	00	2-229-0591	EAV No	_				
			FAX No					▶ □
		not have an office or place of business in irn, enter the organ <u>iza</u> tion's four digit Gro			this is			
for the whole g								
_	•	Is of all members the extension is for	ine group, o	und and				
		3-month (6 months for a corporation rec	uired to file	Form 990-T) extension of time	•			
		, to file the exempt organization return			3			
	rganization's re		J					
	calendar year							
_	-							
▶ 🗓	tax year begin	ning $07/01/11$, and ending 0	06/30/:	12				
2 If the tax	year entered	in line 1 is for less than 12 months, chec	k reason	Initial return Final return				
	hange in accou							
3a If this ap	plication is for	Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter t	he tentative tax, less any				
		See instructions			3	a \$		
		Form 990-PF, 990-T, 4720, or 6069, en						
		s made Include any prior year overpayn			3	b \$		
		t line 3b from line 3a Include your paym		form, if required, by using				
		deral Tax Payment System) See instruct				<u>c \$</u>		
Caution. If you	u are going to	make an electronic fund withdrawal with	this Form 88	868, see Form 8453-EO and Form 8879	-⊨O for	payment in	structions	