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Form **990**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****A For the 2011 calendar year, or tax year beginning , and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**COMMUNITY OF VERMONT ELDERS, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

P.O. BOX 1276

Room/suite

City or town, state or country, and ZIP + 4

MONTPELIER**VT 05601****F** Name and address of principal officer**BECKY BUCHANAN****641 COMSTOCK ROAD****BARRE****VT 05641****D** Employer identification number**03-0347157****E** Telephone number**802-229-4731****G** Gross receipts \$**471,544****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status☒ 501(c)(3)☐ 501(c) ()

(insert no)

☐ 4947(a)(1) or☐ 527**J** Website**WWW.VERMONTELDERS.ORG****H(c)** Group exemption number**K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation**1981****M** State of legal domicile**VT****Part I Summary****1** Briefly describe the organization's mission or most significant activities.**SEE SCHEDULE O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3 19****4** Number of independent voting members of the governing body (Part VI, line 1b)**4 19****5** Total number of individuals employed in calendar year 2011 (Part V, line 2a)**5 10****6** Total number of volunteers (estimate if necessary)**6 98****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a 0****b** Net unrelated business taxable income from Form 990-T, line 34**7b 0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

347,101

Current Year

460,346**9** Program service revenue (Part VIII, line 2g)**1,255****4,325****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**3,072****846****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**-493****6,027****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**350,935****471,544****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**0****0****14** Benefits paid to or for members (Part IX, column (A), line 4)**0****0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**195,065****236,307****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0****0****b** Total fundraising expenses (Part IX, column (D), line 25) ▶**173,050****217,802****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**368,115****454,109****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**-17,180****17,435****19** Revenue less expenses Subtract line 18 from line 12

Beginning of Current Year

243,805

End of Year

309,862**20** Total assets (Part X, line 16)**63,667****112,289****21** Total liabilities (Part X, line 26)**180,138****197,573****22** Net assets or fund balances Subtract line 21 from line 20**Part II Signature Block**

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

**Sign
Here**

Signature of officer

BECKY BUCHANAN

Type or print name and title

OPERATIONS MANAGER**7-26-12**

Date

Paid

Print/Type preparer's name

DAVID H. ANGOLANO, CPA

Preparer's signature

David H. Angolan

Date

07/05/12Check ☐ if PTIN

self-employed

P00124210**Preparer
Use Only**

Firm's name

ANGOLANO & COMPANY CPA PC

Firm's EIN

03-0322470

Firm's address

PO BOX 639**SHELBURNE, VT 05482-0639**

Phone no

802-985-8992

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

☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**

DAA

Form **990** (2011)**819**RECEIVED
AUG 03 2012
OGDEN, UT
IR-505C

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **6,892** including grants of \$) (Revenue \$)
AGING IN PLACE (AIP) - THE AIP PROGRAM IS A CELEBRATION AND INTRODUCTION TO THE MANY RESOURCES AVAILABLE TO US AS WE AGE IN OUR CHOSEN ENVIRONMENT. AIP IS IMPORTANT TO THE ELDERS AS WELL AS THEIR ADULT CHILDREN & CAREGIVERS. GROWING OLDER IS A FAMILY MATTER: THE ISSUES AND CHALLENGES IMPACT EVERYONE.

4b (Code) (Expenses \$ **209,767** including grants of \$) (Revenue \$)
SENIORS MEDICARE PATROL 1 (SMP1):
THE PROGRAM FOCUSES ON THE RECRUITMENT, TRAINING AND MAINTENANCE OF RETIRED SENIOR AND OTHER VOLUNTEERS TO EDUCATE AND ENCOURAGE MEDICARE BENEFICIARIES TO BE ACTIVE PARTNERS IN THEIR HEALTH CARE DECISIONS AND UTILIZATIONS. TO ASSIST MEDICARE BENEFICIARIES IN HAVING A GREATER UNDERSTANDING OF THEIR MEDICARE RIGHTS, BENEFITS AND RESPONSIBILITIES.

SENIORS MEDICARE PATROL 2 (SMP 2):
CONTRACT WITH AGENCY ON AGING TO EXPAND UPON SMP1. THIS IS A 1 YEAR TERM FROM 09/30/11 TO 09/29/12 @ \$50,000.

4c (Code) (Expenses \$ **73,029** including grants of \$) (Revenue \$)
REACH (REACH SERVICE EXCHANGE NETWORK):
REACH SERVICE EXCHANGE NETWORK IS A PROGRAM INTENDED TO DELIVER SERVICES TO ELDERS AND PEOPLE WITH DISABILITIES TO HELP THEM REMAIN LIVING AT HOME. STARTED IN 2010, IT MOBILIZES COMMUNITY MEMBERS TO PROVIDE EACH OTHER WITH VOLUNTEER HELPING SERVICES FOCUSED ON IN-HOME CARE, TRANSPORTATION, PREVENTIVE HEALTH, CIVIC/SOCIAL ENGAGEMENT, AND LIFE-LONG LEARNING. REACH USES A MUTUAL EXCHANGE SYSTEM THAT ENGAGES ALL PARTICIPANTS IN RECIPROCAL EXCHANGES OF HELPING SERVICES WITH EACH OTHER; IT ALSO SEEKS TO AUGMENT THE SERVICE CAPACITIES OF 22 MEMBER ORGANIZATIONS, PRIMARILY SOCIAL SERVICE AGENCIES AND OTHER PUBLIC-SERVING ENTITIES. REACH ALSO PRESENTS REGULAR SERVICE-SKILLS TRAININGS, WORKSHOPS, AND SOCIAL ACTIVITIES.

4d Other program services (Describe in Schedule O)(Expenses \$ **8,132** including grants of \$) (Revenue \$)**4e** Total program service expenses **297,820**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 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	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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		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 2? If "Yes," complete Schedule I, Parts I and III		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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 1		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a 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)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 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 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
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.	13a		
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.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 19		
b Enter the number of voting members included in line 1a, above, who are independent	1b 19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	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)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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 organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **BECKY BUCHANAN**
641 COMSTOCK ROAD
BARRE VT 05641

802-229-4731

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BARBOUR DIR. @ LARGE	0.43	X						0	0	0
(2) SANDY CONRAD DIR. @ LARGE	0.43	X						0	0	0
(3) TOM DAVIS PRESIDENT	0.43	X						0	0	0
(4) DAVE REVILLE DIR. @ LARGE	0.05	X						0	0	0
(5) TERRY FIELD TREASURER	0.58	X						0	0	0
(6) KEN GORDON DIR. @ LARGE	0.24	X						0	0	0
(7) MARGARET HARMON DIR. @ LARGE	0.43	X						0	0	0
(8) DEE ROLLINS DIR. @ LARGE	0.24	X						0	0	0
(9) JOYCE LEMIRE DIR. @ LARGE	0.34	X						0	0	0
(10) JOAN SENEAL DIR. @ LARGE	0.19	X						0	0	0
(11) MARION MILNE DIR. @ LARGE	0.53	X						0	0	0
(12) BETH STERN SECRETARY	0.53	X						0	0	0
(13) HARRY UPTON DIR. @ LARGE	0.15	X						0	0	0
(14) MARJORIE POWER DIR. @ LARGE	0.58	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LINDA DELIDUKA DIR. @ LARGE	0.19	X						0	0	0
(16) REVER KENNEDY DIR. @ LARGE	0.10	X						0	0	0
(17) NANCY LANOUE DIR. @ LARGE	0.10	X						0	0	0
(18) JANET MCCARTHY DIR. @ LARGE	0.10	X						0	0	0
(19) PAUL MENDELSON DIR. @ LARGE	0.24	X						0	0	0
(20) VIRGINIA MILKEY CURRENT EXEC. DIR.	40.00			X				44,308	0	3,435
(21) CAROLYN BECKY BUCHANAN NEW OPERATIONS MNGER	32.00			X				3,385	0	541
(22) SHEILA BURNHAM FORMER OPRTNS MNGER	40.00					X		41,353	0	5,189
(23) SUSAN GORDON FORMER EXEC. DIR.	40.00					X		2,291	0	91
(24)										
(25)										
1b Sub-total								91,337		9,256
c Total from continuation sheets to Part VII, Section A.										
d Total (add lines 1b and 1c)								91,337		9,256

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	4,018			
	d Related organizations	1d				
	e Government grants (contributions)	1e	456,328			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f		460,346			
Program Service Revenue	2a MEMBERSHIPS	Busn Code	4,325	4,325		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		4,325			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		846	846	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn Code				
11a OTHER INCOME		6,027	6,027			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		6,027				
12 Total revenue. See instructions		471,544	11,198	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the 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)	91,337	58,821	32,516	
7 Other salaries and wages	110,140	70,932	39,208	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	15,411	19,727	-4,316	
10 Payroll taxes	19,419	12,287	7,132	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,433	2,658	2,775	
d Lobbying	15,431		15,431	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	106,676	69,564	37,112	
12 Advertising and promotion	16,547	15,600	947	
13 Office expenses	28,556	24,025	4,531	
14 Information technology				
15 Royalties				
16 Occupancy	12,564	6,786	5,778	
17 Travel	12,438	10,194	2,244	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,888	2,733	1,155	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,776		1,776	
23 Insurance	8,473		8,473	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	3,642	4,315	-673	
b BANK CHARGES	2,052	2	2,050	
c SUBSCRIPTIONS	326	176	150	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	454,109	297,820	156,289	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	35,517	1	-5,841
	2 Savings and temporary cash investments	184,409	2	255,072
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,102	4	49,340
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,302	9	4,663
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 44,486		
	b Less: accumulated depreciation	10b 37,858	2,475	10c 6,628
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	243,805	16	309,862	
Liabilities	17 Accounts payable and accrued expenses	42,361	17	35,875
	18 Grants payable		18	
	19 Deferred revenue	21,306	19	76,414
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	63,667	26	112,289
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		180,138	27	197,573
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		180,138	33	197,573
34 Total liabilities and net assets/fund balances	243,805	34	309,862	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	471,544
2	Total expenses (must equal Part IX, column (A), line 25)	2	454,109
3	Revenue less expenses Subtract line 2 from line 1	3	17,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	180,138
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	197,573

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

COMMUNITY OF VERMONT ELDERS, INC.

Employer identification number

03-0347157

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	600,093	392,704	359,074	348,356	464,671	2,164,898
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 Total. Add lines 1 through 3	600,093	392,704	359,074	348,356	464,671	2,164,898
5 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						2,164,898

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	600,093	392,704	359,074	348,356	464,671	2,164,898
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,541	3,695	315	3,072	846	16,469
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.)	4,179	8,837	7,878	-493	6,027	26,428
11 Total support. Add lines 7 through 10						2,207,795
12 Gross receipts from related activities, etc. (see instructions)					12	11,198

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.06%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.07%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal 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 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						
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 line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

PART II, LINE 10 - OTHER INCOME DETAIL

TOTAL FOR YEARS 2007 THROUGH 2011 \$ **26,428**

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► **Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.**

► **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

COMMUNITY OF VERMONT ELDERS, INC.

Employer identification number

03-0347157

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	15,987													
c Total lobbying expenditures (add lines 1a and 1b)	15,987													
d Other exempt purpose expenditures	438,122													
e Total exempt purpose expenditures (add lines 1c and 1d)	454,109													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	90,822													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	22,706													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	83,748	82,654	73,623	90,822	330,847
b Lobbying ceiling amount (150% of line 2a, column (e))					496,271
c Total lobbying expenditures	19,598	21,298	16,671	15,987	73,554
d Grassroots nontaxable amount	20,937	20,664	18,406	22,706	82,713
e Grassroots ceiling amount (150% of line 2d, column (e))					124,070
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) if Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line

1 Also, complete this part for any additional information

SCHEDULE C, PART II-B, LINE 1

C.O.V.E CONTRACTS WITH A LEGAL FIRM FOR POLICY ADVOCACY, EDUCATION AND LOBBYING SERVICES. C.O.V.E.'S LOBBYING ACTIVITIES INCLUDE FORMAL APPROACH AND TESTIMONY TO INFLUENCE SPECIFIC LEGISLATION TO IMPROVE THE DIGNITY, SECURITY AND WELL-BEING OF OLDER VERMONTERS. THE MAJORITY OF LOBBYING EXPENSES FOR 2010 ARE ASSOCIATED WITH PAYMENTS TO THE LEGAL FIRM WHO

Part IV Supplemental Information (continued)

MONITORS FROM THE STATE HOUSE THE DIFFERENT LEGISLATIVE UPDATES AND CHANGES EFFECTING VERMONT SENIORS. THIS FIRM MAKES SURE C.O.V.E. IS KEPT UP TO DATE ON ANY CHANGES, SO THAT C.O.V.E. CAN FOLLOW THE TRAIL OF LEGISLATIVE BILLS AND POLICIES TO ACTUAL PROGRAM IMPLEMENTATION. VERMONT SENIORS ARE REPRESENTED DURING LEGISLATIVE SESSIONS. FORUMS ARE HELD THROUGHOUT THE STATE ENCOURAGING DIALOGUE BETWEEN LOCAL LEGISLATORS AND CITIZENS. SENIORS ISSUES ARE RAISED AND REPRESENTED IN OVER 40 STATEWIDE TASK FORCES, ADVISORY AND PLANNING GROUPS, LEGISLATIVE STUDIES, ETC...

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**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.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011**Open to Public
Inspection**

Name of the organization

COMMUNITY OF VERMONT ELDERS, INC.

Employer identification number

03-0347157**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

4 Number of states where property subject to conservation easement is located ►

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

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

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

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

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

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

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	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Temporarily restricted endowment ☐ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations
(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		44,486	37,858	6,628
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,628

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶

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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	471,544
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	454,109
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,435
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	10	17,435

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

1	Total revenue, gains, and other support per audited financial statements	1	471,544
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	471,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	471,544

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

1	Total expenses and losses per audited financial statements	1	454,109
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	454,109
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	454,109

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)

SCHEDULE J

(Form 990)

Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

COMMUNITY OF VERMONT ELDERS, INC.

Employer identification number

03-0347157**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SHEILA BURNHAM	(i) 41,353	0	0	0	5,189	46,542	0
		(ii) 0	0	0	0	0	0	0
2	SUSAN GORDON	(i) 2,291	0	0	0	91	2,382	0
		(ii) 0	0	0	0	0	0	0
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.
Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

COMMUNITY OF VERMONT ELDERS, INC.

Employer identification number

03-0347157

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
TO PROMOTE AND PROTECT A HIGHER QUALITY OF LIFE FOR THE STATE'S SENIORS.
COVE ADVANCES ITS MISSION THROUGH ADVOCACY AND EDUCATION. IT WORKS WITH
AND FOR ELDER VERMONTERS AND THE ORGANIZATIONS THAT SERVE THEM TO IDENTIFY,
INTERPRET AND RESPOND TO CRITICAL ISSUES THAT IMPACT THE DIGNITY, SECURITY
AND WELLBEING OF SENIORS.

FORM 990, PART I, LINE 6

VOLUNTEERS ASSIST WITH MEDIA OUTREACH ACTIVITIES, WEBSITE DEVELOPEMENT,
MATERIALS DEVELOPEMENT, EDUCATION EVENTS & MAILINGS/OTHER ADMIN.

FORM 990, PART III, LINE 2

SENIORS MEDICARE PATROL(SMP), REACH SERVICE EXCHANGE NETWORK, WIDER
OPPORTUNITIES FOR WOMEN(WOW), & MEDICARE IMPROVEMENTS FOR PATIENTS &
PROVIDERS(MIPPA). SEE DESCRIPTION OF PROGRAM SERVICES ON PAGE 2 &
ATTACHMENT TO SCHEDULE O FOR DETAIL.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

SEE ATTACHED TO SCHEDULE O.

FORM 990, PART V, LINE 3B - FORM 990-T NOT FILED EXPLANATION

NO INCOME OUTSIDE THE TAX EXEMPT STATUS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

SHEILA BURNHAM

Name of the organization

COMMUNITY OF VERMONT ELDERS, INC.

Employer identification number

03-0347157

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR & THE
DIRECTOR OF OPERATIONS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST STATEMENT STATING THEY
HAVE RECEIVED, READ AND WILL COMPLY WITH THE ENTITY'S STANDARDS OF CONDUCT
POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SUBJECT TO APPROVAL BY THE BOARD
OF DIRECTORS AND ANY CHANGES ARE EVIDENCED BY A MEMO SIGNED BY THE CHAIR OF
THE FINANCE COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
ALL OTHER SALARIES ARE SUBJECT TO APPROVAL BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

OTHER PROGRAM SERVICES EXPENSES

CAREGIVER INITIATIVE:

The CGI project specifically addresses COVE'S principle, "That caregivers are valued and supported in their vital role in maintaining the dignity, security and wellbeing of others." It targeted two vulnerable populations – low income, frail elders and low wage paid and family caregivers. The purpose of CGI was to support a higher quality of life for elders with physical and mental disabilities by being in service to their family and professional caregivers. This program was completed at the end of 2010, with a small amount of carryover funds in 2011.

\$899.00

LONG-TERM CARE POLICY FORUM:

COVE convened individuals representing Vermont's leading agencies, service providers and advocates for the long term care (LTC) needs of older Vermonters and persons with disabilities regarding long term care policy. The goal of these meetings was to explore how to best serve the long term care needs of Vermonters and their families. This program was completed in early 2011.

\$2,685

WIDER OPPORTUNITES FOR WOMEN (WOW):

This one-time grant funded COVE to develop a relationship with those involved in kinship caregiving – grandparents, aunts and uncles raising their grandchildren, nieces and nephews, when the parents cannot. COVE worked with its partners in the kinship care, with network contact information for people who find themselves in this situation and don't know where to turn for help. COVE invited one of the partners to join the COVE board and policy committee in order to bring kin care issues to COVE's education/advocacy table.

\$50

FEDERAL INVESTMENT REGULATORY AUTHORITY (FINRA):

Small \$5,000 contracts to complete Outsmarting Investment Fraud trainings in Vermont. The budget includes travel expenses, equipment, conference expenses (space, food, beverage) and a supplement for an employee's wages.

\$3,728

MEDICARE IMPROVEMENTS FOR PATIENTS & PROVIDERS ACT (MIPPA):

To develop a complete Savvy Seniors Performance which will be performed at various venues throughout Vermont. This is a collaborative effort between the Northeast Vermont Area Agency on Aging and SMP. The budget includes money for program development, a small contract with Lyric Theatre, equipment, supplies, an administrative fee, and a supplement to an employee's wages.

\$117

OTHER MISC:

\$653

TOTAL:

\$8,132

Community of Vermont Elders
Depreciation Schedule
For Year Ended December 31, 2011

<u>Num</u>	<u>Description</u>	<u>Life</u>	<u>Method</u>	<u>Date Acquired</u>	<u>Orig. Cost</u>	<u>Beg Accum Depr</u>	<u>Curr. Depr.</u>	<u>End Accum Depr</u>	<u>Remaining Basis</u>
Furniture & Fixtures									
1	Office Furniture (cubicles, etc.)	5yr	S/L	10/10/2003	13,892.21	13,892.21	-	13,892.21	-
2	Hi Back Task chairs	5yr	S/L	11/7/2003	1,049.93	1,049.93	-	1,049.93	-
Total Furniture & Fixtures					14,942.14	14,942.14	-	14,942.14	-
Machinery & Equipment									
3	AMD 1 Ghz w/ CD RW	3yr	S/L	4/15/2002	958.00	958.00	-	958.00	-
4	Kenmore Refrigerator	3yr	S/L	7/15/2002	129.99	129.99	-	129.99	-
5	Fender Passport PD 150	3yr	S/L	8/15/2002	368.40	368.40	-	368.40	-
6	20 GB Hard Drive Removable Rack UPS	3yr	S/L	12/12/2002	368.40	368.40	-	368.40	-
7	Nortel Networks Telephone System	3yr	S/L	9/10/2003	4,233.23	4,233.23	-	4,233.23	-
8	Winbook x4 Intel Premium 4 2.2 Ghz	3yr	S/L	10/20/2003	1,599.00	1,599.00	-	1,599.00	-
9	Winbook x4 Intel Premium 4 2.2 Ghz	3yr	S/L	12/16/2003	1,616.00	1,616.00	-	1,616.00	-
10	Winbook M Intel Celeron 2.2 Ghz	3yr	S/L	1/24/2004	1,559.00	1,559.00	-	1,559.00	-
11	Winbook Intel Premium 4 2.5 Ghz	3yr	S/L	3/2/2004	1,559.00	1,559.00	-	1,559.00	-
12	Toshiba TV/VCR/DVD	5YR	S/L	4/9/2004	315.00	315.00	-	315.00	-
13	Ricoh Aficio350E (used)	5YR	S/L	6/8/2004	2,995.00	2,995.00	-	2,995.00	-
14	Brother Intellifax 2800	5YR	S/L	7/21/2004	199.98	199.98	-	199.98	-
15	HP Digital Camera	5YR	S/L	9/13/2004	188.96	188.96	-	188.96	-
16	Mesh Back Office Chair	5YR	S/L	4/4/2006	174.99	157.50	17.49	174.99	-
17	Server 2.8GHZ Computer	5YR	S/L	5/30/2006	1,368.00	1,254.00	114.00	1,368.00	-
18	200 GB Hard Drive	5YR	S/L	6/5/2006	96.29	86.67	9.62	96.29	-
19	HP Laserjet 3600N Color Printer	5YR	S/L	6/5/2006	499.98	449.96	50.02	499.98	-
20	Canon Powershot S3	5YR	S/L	7/6/2006	499.98	449.96	50.02	499.98	-
21	Catalina White Desk & File Cabinet	5YR	S/L	9/25/2006	272.00	244.80	27.20	272.00	-
22	Storage Cabinet	5YR	S/L	9/25/2006	249.99	224.98	25.01	249.99	-
23	Dell 1409X DLP Projector	5YR	S/L	6/18/2008	758.00	379.00	151.60	530.60	227.40
24	2 Vostro 1710 Laptop Computers	5YR	S/L	6/18/2008	2,772.00	847.38	554.40	1,401.78	1,370.22
25	Vestro 410 Desktop Computer	5YR	S/L	7/1/2008	1,192.00	596.00	238.40	834.40	357.60
26	HP LaserJet P3015	5YR	S/L	12/17/2009	899.99	359.98	179.99	539.97	360.02
27	LCD for Presentations	7YR	S/L	1/18/2011	825.82	-	58.99	58.99	766.83
28	Laptop	5YR	S/L	1/28/2011	879.97	-	88.00	88.00	791.97
29	DVD Duplicator	7YR	S/L	1/31/2011	542.45	-	38.75	38.75	503.70

30 Epson Prese	7YR	S/L	10/1/2011	749.99	-	53.57	53.57	696.42
31 Printer	7YR	S/L	10/28/2011	1,671.98	-	118.94	118.94	1,553.04
Total Equipment & machinery				29,543.39	21,140.19	1,776.00	22,916.19	6,627.20
Total				44,485.53	36,082.33	1,776.00	37,858.33	6,627.20

Community of Vermont Elders

Community of Vermont Elders History of Legislative Achievements 1981 to Present

Since our founding in 1981, the Community of Vermont Elders (COVE) has had a major impact on public policy affecting Vermont seniors. We have worked diligently for the dignity, security and well-being of all Vermont's Senior Citizens.

The following list of legislative accomplishment does not include scores of bills, which while passed, were less significant in nature or were those in which COVE played a secondary role. Missing from the following list is the critical work COVE does every year to protect and promote the interests of seniors' programs within the Vermont State Budget process.

COVE has achieved success because of its year-around testimony and advocacy on relevant rules and regulations and its membership on state advisory board and summer study committees. COVE has been able to save seniors millions of dollars yearly in medicomp insurance payments by representing them in the rate setting process.

The following legislation list is in chronological order. Many of these laws were precedent setting or national models when enacted.

- | | |
|------------------------|--|
| 1981 & 1983 | Establishment of Vermont Independence Fund Provided for flexible grant funding for home and community-based services for over a decade. For example, the independence fund is frequently credited with being the foundation of the adult day care network in Vermont. |
| 1981 & 1982 | Living Will Codified the use of terminal care documents |
| 1982 | Simple Wills Statutory framework of allowing for small estates to by-pass probate. |
| 1983 | Grandparents Visitation Rights Guaranteed substantive and procedural rights for grandparents in custody cases. |
| 1985 | Omnibus protections for Elderly Abuse, Neglect, and Exploitation including remedial action |
| 1985 | Intermediate Sanctions for Nursing Homes and Residential Care Allowing for more effective and flexible enforcement. |

- 1985, 1995 Telephone Lifeline Program** Led the nation in providing a monthly subsidy to elders below 175% of poverty in response to adverse impact of deregulation.
- 1986 Conversions of Low Income Subsidized Housing** Notice requirements and state intervention to minimize displacement of seniors.
- 1986 Hospital Patients Bill of Rights** Expands upon federal requirements.
- 1986 Condominium Conversion** Provided significant notice requirements to elders being displaced in these circumstances.
- 1986 Personal Needs Allowance for Nursing Home Residents** Increased significantly beyond the federal mandate and providing for an annual inflation increase.
- 1986 Increased Protected Income Level for Medicaid Recipients** to highest-level permissible thereby qualifying thousands of additional Vermonters for Medicaid.
- 1986, 1989, 1999 Unemployment Insurance** Prohibited counting pensions and Social Security against any unemployment benefits laid-off workers might be entitled to.
- 1987 Prohibition Against Balanced Billing of Medicare Patients** Led the nation in saving seniors millions of dollars annually in out-of-pocket health care expenses until federal government ultimately followed suit.
- 1987, 1991 & 1999 Prohibiting Age Discrimination in Employment Vermont** preceded the federal government in banning mandatory retirement for all but safety-sensitive occupations.
- 1988 Establishment of The Office of Public Guardianship** This created a new office to handle difficult cases where paid of volunteer guardians are unavailable.
- 1988 Continuing Care Retirement Communities** Set minimum standards and consumer protections regarding the establishment and solvency of these entities in Vermont.
- 1988 Durable Power of Attorney for Health Care** Codified this Advance Directive, with significant consumer protections and education requirements.
- 1988, 1990 & 1994 Tenant Protections Regarding Mobile Home and Park Conversions & Sales** Regarding Mobile Home Park Conversions and Sales.
- 1989, 1997 Hearing Aids** First state to require physician/audiologist prescription prior to dispensing a hearing aid. Enjoined by FDA.
- 1989 Nursing Home Patients Bill of Rights** Expands upon federal requirements.
- 1989 Long Term Care Insurance** minimum standards for disclosures, refusal, benefits, and protections against lapsed premiums.
- 1989 Home and Community Based Waiver** Law forced Vermont to apply for 115 waiver.

1989, 1997	Hearing Aid Dealers Required all hearing aid dispensers in Vermont to be licensed.
1989, 1990, 1995 & 2000	Pharmaceutical Assistance for the Elderly Established Vermont's first pharmacy subsidy program for seniors up to 175% of poverty. This program has since grown to 225% of poverty and over \$25 million annually. This law made Vermont one of the leaders among state programs.
1990	Creation of Vermont Department of Aging & Disabilities Reorganized and elevated the Vermont Office on Aging to Departmental status and consolidated disparate aging programs into one Department.
1990	Establishment of Medicare Advisory Project Provides legal representation in administrative hearings on Medicare denials.
1990, 1999	Inclusion of "age" classification in Hate Crimes law
1990, 1991, 1996, & 1999	Medicomp Rate Relief Established a process for consumers to intervene in Medicare supplement rate cases including the right to access independent actuaries and attorneys. One of the few states providing such a detailed view.
1991	Establishment of Ongoing Statewide Commission on Alzheimer's disease
1991	Medical & Family Leave Perhaps the strongest state family leave measure since it applied to all businesses with 10 or more employees
1991	Establishment of Right to Counsel in all Guardianship Proceedings
1991, 2001, & 2002	Relief from Abuse Orders Extended civil domestic abuse orders/protections to elders in all households.
1992	Accessory Apartments Required that residential zoning in every Vermont town allow for the construction of accessory (granny flats) apartments as conditional use. National model for promoting family care giving.
1994, 1996	Establishment of an Office of Fuel Assistance This new state office brought focus and staff to program in which seniors rely heavily, and which had previously little attention because it was seen as relying exclusively on federal funds.
1996	Shifting the Balance Legislation Creation of a dedicated fund that mandated shifting over \$40 million in nursing home to home and community based services in four years time.
1996	Pre-paid Funeral Contracts Full disclosure on pricing, mandated options, inspections of homes, and country's first dedicated consumer "default" fund for homes going out-of-business.
1997	Short Term Family & Medical Leave Another nation-leading law, allowing workers to take up to 24 hours off (in up to 4 hour blocks) annually to care for sick family members or to deal with their affairs (e.g. nursing home placements).

- 1997, 1999, 2002** **Property Tax Relief** Income-disregards established in property tax relief program for the income of any live-in caregiver, family co-owner, and elder parent who move in with family, thereby promoting care giving in shared housing.
- 1997** **Mandated community rating for all Medicare supplement policies**
- 1998** **Office of Healthcare Ombudsman** Establishment of country's first statewide office, independent of state government, to help consumers navigate the health system and advocate on their behalf.
- 1998, 1999 & 2000** **Medicaid Homestead Recovery** Prohibited estate recovery against the home of a Medicaid long-term recipient when the intended heir's income was below 300% of poverty, or the heir had provided informal care, which delayed the recipient's institutionalization.
- 2000** **Payment on Death Bank Accounts** Creative banking mechanism for those with small assets to retain control over funds, while avoiding probate.
- 2000** **Personal needs Allowance for Community Care Homes** Increased PNA wages over federal amount, and required an annual inflation factor.
- 2000** **Life Span Home (Visit ability)** First in the nation law to requiring all new construction of single homes be adaptable to accessibility changes in the future (e.g. door widths, thresholds, blocking for grab bars, heights of outlets, etc.).
- 2000** **Pre Buy Fuel Contracts** Forced state to enter into hundreds of contracts with local fuel dealers to lock in summer pricing with fuel assistance funds (LIHEAP).
- 2001** **Minimum Staff ratios in Nursing Homes**
- 2002** **Modernization of Vermont's Power of Attorney Laws** The disclosures, formalities of executions, and enforcement provisions of this law significantly heighten the fiduciary obligations under POA's and reduce financial exploitation of dependent seniors and others.
- 2002** **Joint Fiduciary Bank Accounts** Another simple and creative account mechanism to allow family members and friends to help seniors with financial affairs without exposing them potential financial exploitation.
- 2002** **Pharmacy Cost Containment/Counter Detailing** First of its kind bill which requires drug companies to disclose who they give money and gifts to in an effort to promote their products. Also numerous provisions enacted to encourage preferred drug lists while protecting consumer choice, provide consumer education and counter-detailing of physicians, and the formation of multi-state purchasing pools to lower drug costs.
- 2002** **Constitutional Amendment to eliminate mandatory retirement for judges** After a four-year legislative process to allow this amendment to go to the voters, it passed overwhelmingly in November 2002 thus eliminating the last vestige of age discrimination in the state of Vermont.

- 2003** **Elimination of Pharmacy Cost Sharing** Elimination of all prescription sharing (other than small premiums) for 15,000 elderly/disabled Vermonters on state pharmaceutical assistance programs.
- 2003** **Kidney Dialysis Needs Assessment** Statutorily created statewide needs assessment for kidney dialysis services in Vermont.
- 2003** **Raised Mandatory Retirement Age for Judges** Raised mandatory retirement age for all elected and appointed judges to the age of 90.
- 2004** **Advance Directive Registry Study** Mandated study of establishment of statewide electronic registry for all advance directives and for notation of advance directives on driver's licenses.
- 2004** **Dialysis Units** Successfully added first time funding to a private non profit hospital specifically for 9 new dialysis units.
- 2004** **1115 Waiver** Secured \$1 million for jump-starting Vermont's first in the nation 1115 waiver program, which establishes home and community based long term care services as a Medicaid entitlement.
- 2004** **Long term care insurance to cover Alzheimers/Mental Health Disorders** Mandated that Alzheimers and other mental health disorders be equitably covered under all long-term care insurance sold in Vermont.
- 2005** **Establishment of new state Rx wrap around program (VPharm) to Medicare Part D** – Ensures that the new Medicare drug plan will not dilute the assistance currently enjoyed by 15,000 seniors under Vermont's pharmacy programs. For relatively small premiums, Vermont seniors will continue to receive comprehensive Rx coverage.
- Major expansion in eligibility for Medicare cost sharing programs (QMB, SLIMB, QI)** – Eliminated the asset test for these programs which help pay seniors' Medicare Part B premiums (and in many cases their deductibles and coinsurance). Should save thousands of dollars in out-of-pocket Medicare costs to thousands of low income seniors; and will also trigger automatic eligibility for additional federal Rx subsidies beyond Part D.
- Advance Directives Modernization** – Enhanced utilization of and compliance with advance directives. Major practical improvements include an electronic registry for advance directives as well as advance directive information on drivers licenses.
- Adult Abuse** – Enhances penalties and enforcement re: abuse, neglect and exploitation of vulnerable adults. Also improves the Adult Protective Services law and program, which provides relevant preventive, educational, and remedial services.

2006

Part D Point of Sale Assistance at Pharmacy This law mandated state protocols to minimize the hardship caused to seniors during the complex transition to the new Medicare Part D program. The goal was to limit the number of seniors being turned away from the pharmacy counters without their prescription due to computer or other operational problems. Approaches included temporary supplies as well as individualized contacts with help lines.

Long Term Care Sustainability Study Participation in Legislative Study on Long Term Care Sustainability. The Legislature mandated the creation of a plan for the sustainability of the long term care system in an effort to address their concerns about the capacity and ability of the system to meet changing consumer needs and demands.

Nursing Facilities for the 21st Century Study Participation in a Task Force for the Legislative Study on Nursing Facilities for the 21st Century. The recommendations address the transition issues for nursing homes as more individuals use home and community based long term care services, how nursing homes can convert the services offered to provide long term care services differently, unmet needs for nursing home services for individuals, accessibility for individuals with disabilities in nursing homes. This report provides background information and recommendations to inform and guide the legislators, policy makers and the nursing facility industry as the long term care system continues to change in response to consumer demands.

Direct Care Workforce Study Establishment and participation in Legislative Study on Direct Care Workforce issues. COVE continued its efforts to address the growing Direct Care gap by successfully promoting a state promoted 18 month study by all affected stakeholders of the myriad of emerging workforce issues surrounding the provision of direct personal care to Vermont seniors and persons with disabilities.

2007

Direct Care Worker Registry Matching up caregivers with those in need of these critical services was identified by the 2006 Legislative Direct Care Workforce Study Group as its most important interim recommendation. COVE worked to secure the necessary appropriations to launch the development of this free and easily accessible electronic registry and to sustain it into the future.

Dedication of Money Saved Under the Choices for Care (CFC) Long Term Care Waiver New detailed statutory language and reporting requirements will help ensure monies saved by reducing nursing home utilization gets redirected into home and community based long term care services and not "raided" for other unrelated governmental programs.

2008

Defeated Elimination/Significant Dilution of Vermont's Rx Programs Worked aggressively to stop large new pharmacy co pays, which would have caused hardship to thousands of low income seniors.

Electric Affordability Initiative Worked with AARP to finally authorize the Public Service Board to allow for affordable electric rates for those below 150% of poverty.

Guardianship Monitoring Study Established stakeholder study on improving guardian accountability; assuring the protection of the rights and well-being of individuals under guardianship; and training and supporting guardians in the execution of their guardianship duties.

2009

Preservation of VPharm Program Defeated the Administration's very serious budget proposal to eliminate Vermont's 20 year old VPharm program providing comprehensive pharmacy benefits to close to 15, 000 seniors under 225% poverty.

Patient's Bill of Rights for Palliative Care and Pain Management Enacted on the the nation's first bill of rights for the terminally ill that follows the patient and which is not setting specific. The bill of rights provides the terminally ill with the right to be informed of and to receive all treatment options, including palliative care and compassionate patient directed pain management.

2010

Improved Fuel Assistance Access and Eligibility Increased eligibility levels for fuel assistance including removing asset test, allowing thousand of new senior households to receive heating assistance.

Estate Recovery Blocked Administration's proposal for enhanced estate recovery on Medicaid recipients including liens on people's home

2011

Prevented Cuts From Choices For Care Successfully blocked Administration 's call for over \$5 million in cuts to home and community based long term care services which would have placed approximately 1500 frail seniors in danger of unneeded nursing home placement

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** on page 2 of this form

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions COMMUNITY OF VERMONT ELDERS, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 03-0347157
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 1276	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MONTPELIER VT 05601	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BECKY BUCHANAN
641 COMSTOCK ROAD

- The books are in the care of ► **BARRE**

VT 05641Telephone No ► **802-229-4731**FAX No ► **802-229-0156**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension is for

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year **2011** or

► ☐ tax year beginning _____, and ending _____

- 2** If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2012)

DAA