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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
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)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pand of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

				N 3	0, 201	2
	B	Check if pplicat	C Name of organization	D Emp	loyer identif	ication number
		Addr	ess change			
		Name	e change MRC & COMPANY, INC.	5	2-2146	095
	Г	7			ephone numb	
	F	7	nated P.O. BOX 158	4	96-204	.8
	\vdash	¬	044		up Exemption	
	\vdash	٦ .	ation pending WAITSFIELD, VT 05673		nber ►	'
	G /		nting Method: X Cash Accrual Other (specify) ▶			f the organization is not
			te: N/A			-
					uired to attacl	
						EZ, or 990-PF).
			If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its g			
			io. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction	ins). Bi	ut if the organ	ization chooses to file
			n, be sure to file a complete return.			
			es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	il,		00 072
		ne 25 art 1	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ations	S S	88,073.
		11 6	- • • • • • • • • • • • • • • • • • • •	CHOIS	ioi Pait i.)	TT.
			Check if the organization used Schedule O to respond to any question in this Part I			<u>X</u>
		1	Contributions, gifts, grants, and similar amounts received	}	1	40,174.
		2	Program service revenue including government fees and contracts	ŀ	2	41,108.
		3	Membership dues and assessments	ŀ	3	6,749.
		4	Investment income	ŀ	4	
		5a	Gross amount from sale of assets other than inventory 5a			
		þ	Less: cost or other basis and sales expenses 5b		_	
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	}	5c	
		6	Gaming and fundraising events			
	ne	a	Gross income from gaming (attach Schedule G if greater than			
	Revenue	١.	\$15,000) <u>6a</u>			
	æ	D	Gross income from fundraising events (not including \$ of contributions			
			from fundraising events reported on line 1) (attach Schedule G if the sum of such			
			gross income and contributions exceeds \$15,000) 6b			
		C	Less; direct expenses from gaming and fundraising events [6c]		· .	
		_ d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	ŀ	6d	
		١.	Gross sales of inventory, less returns and allowances			
		b	Less: cost of goods sold 7b		_	
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	ŀ	7c	40
黑		8	Other revenue (describe in Schedule 0) SEE SCHEDULE O		8	42.
\approx		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7¢, and 8 F F F F F F F F F F F F F F F F F F		9	88,073.
8		10	Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members	}	10	
63		11	Benefits paid to or for members Salaries, other compensation, and employee benefits FEB 1 1 2013	ŀ	11	10 076
E C	Ses	12	Professional fees and other payments to independent contractors	ŀ	12	10,876.
FEB	Expenses	13	Occupancy rest withten and maintenance OCC The Contractors		13	11 005
	ŭ	14	Occupancy, rent, utilities, and maintenance OGDEN, UT SEE SCHEDULE O	}	14	11,235.
¥		15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) SEE SCHEDULE O	ŀ	15	976.
Ź		16 17			16	80,410.
SCANNED		 	Total expenses. Add lines 10 through 16		17	103,497.
တ္တ	ets.	18 19	Excess or (deficit) for the year (Subtract line 17 from line 9)	}	18	-15,424.
40	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		40	21 (20
	at A	20	·		19	21,629.
	ž	20 21	Other changes in net assets or fund balances (explain in Schedule 0)		20	6 205
	111		Net assets or fund balances at end of year. Combine lines 18 through 20		21	6,205.
	LHA	, LOI	Paperwork Reduction Act Notice, see the separate instructions.	11) !·	orm 990-EZ (2011)
				4>	5—I	1 16
	132	171	~		/ /	I(0)

Check if the organization used Schedule O to res		A) Beginning of year		/B) [End of year
22 Cash, savings, and investments	 '	13,068	• 22	(8)	4,19
22 Cash, savings, and investments 23 Land and buildings	 	12,000	23		4,13
24 Other assets (describe in Schedule O) SEE SCHEDULE (, <u> </u>	18,150			12,84
25 Total assets	´	31,218			17,03
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE C)	9,589	_	-	10,83
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		21,629			6,20
Part III Statement of Program Service Accomplishme	nts (see the instruct	ions for Part III.)	E	xpenses
Check if the organization used Schedule O to res	spond to any questic	on in this Part II	X	(Required	for section
What is the organization's primary exempt purpose?SEE SCHEDULE C)			organizati	and 501(c)(4)
escribe the organization's program service accomplishments for each of its three largest program	services, as measured by expens	es In a clear and concise		4947(a)(1	l) trusts; optio
nanner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title			for others	i.)
8 CONCERTS AND OTHER CULTURAL EVENTS					
	VISIT THE AR	rs -			
APPROXIMATELY 3000 PEOPLE SERVED.					
(Grants \$) If this amount includes foreign (grants, check here	<u> </u>		28a	111,91
9					
(Grants \$) If this amount includes foreign (grants, check here	<u> </u>		29a	
0					
			 ,		
(Grants \$) If this amount includes foreign (grants, check here			30a	
1 Other program services (describe in Schedule O)			_		
(Grants \$) If this amount includes foreign (grants, check here			31a	
2 Total program service expenses (add lines 28a through 31a)			▶	32	<u>111,91</u>
Part IV List of Officers, Directors, Trustees, and Key E				instructions f	for Part IV) r
Check if the organization used Schedule O to res	spond to any questic	on in this Part I\	/		
Check if the organization used Schedule O to res	pond to any question (b) Title and average hours	(c) Reportable compensation (Forms	(d) He	alth benefits,	(e) Estima
	spond to any questic	on in this Part I\	(d) He contraction employed	alth benefits, butions to byee benefit and deferred	(e) Estima amount of o
Check if the organization used Schedule O to res	spond to any questic (b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contraction employed	alth benefits, butions to byee benefit	(e) Estimate amount of o
Check if the organization used Schedule O to res (a) Name and address CHEILA WARE	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) He contraction employed	alth benefits, abutions to byee benefit and deferred pensation	(e) Estima amount of c compensat
Check if the organization used Schedule O to res (a) Name and address SHEILA WARE 201 STRONG ROAD, WAITSFIELD, VT 05673	(b) Title and average hours per week devoted to position PRESIDENT 10.00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contraction employed	alth benefits, butions to byee benefit and deferred	(e) Estima amount of c compensat
Check if the organization used Schedule O to res (a) Name and address SHEILA WARE 201 STRONG ROAD, WAITSFIELD, VT 05673 JANE HOBART	spond to any question (b) Title and average hours per week devoted to position PRESIDENT 10.00 SECRETARY	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contraction employed	alth benefits, inbutions to byse benefit and deferred pensation	(e) Estima amount of c compensat
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instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V. ▼ The organization unage in any significant activity not previously resorted to the IRS? II "Yes," provide a datased description of each activity in Schedule O. We the organization unage in any significant activity not previously resorted to the IRS? II "Yes," attach a conformed copy of the amended documents if they reflect a change to the respiration of a many conformation of the part of the organization and the conformation have uncertainty and the conformation of the part of t		n 990-ÈZ (2011) MRC & COMPANY, INC. Int V Other Information (Note the Schedule A and personal benefit contra	ct et	52-214	5095	tho	Page 3
33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes., provide a detailed description of each achiefy in Schedule 0 34 Wes a way significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35 Did the organization have unrelated business gloss income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 0, and 7s, among others). 35 Unit the organization have unrelated business gloss income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 0, and 7s, among others). 35 Unit the organization have unrelated business gloss income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 0, and 7s, among others). 36 Unit the organization active of the previous of the organization subged to section 803(3) motion, aponting, and proxy lax requirements (suming the year? If Yes, complete Schedule 0, 7st 11 in 1950 bit the organization unrelated activities of Schedule 1, 2014 (c), 601(16); 6), 601(16); 6), 601(16); 6), 601(16); 6), 601(16); 6), 601(16); 60		instructions for Part V.) Check if the organization used Sch. O to resp	ond	to any question in t	nis Pa	art V	₹
33				to any quotion in a			
activity in Schedule O Were any significant changes make to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization name. Otherwise, explain the change on Schedule O (see instructions) 3.1	33	Did the organization engage in any significant activity not previously reported to the IBS2 If "Ves." provide a c	halietal	description of each	_	103	140
34 Were any suprificant changes made to the organization of power may documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is man. Otherwise, expellant the change on Studde (0 (see mirructions)) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 68, and 72, among otherwise). 35 if "Yes," to line 35a, has the organization hied a Form 990-T for the year? If "No," provide an explanation in Schedule 0 4 Was the organization action 501(5(4), 591(5)(5), or 501(6)(6) organization subject to section 503(5) entities, exporting, and proxy tax requirements during the year? Yes," complete Schedule C, Part III organization activities (auch as those reported completed in the organization and proxy tax requirements during the year? Yes, "Complete Schedule C, Part III and enter the state of the organization and the organization feed of the organization	•	· · · · · · · · · · · · · · · · · · ·	iciancu	description of each	22		v
as Define transparation have verified business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 68, and 7a, among others)? If 11'/es, 10 miles 2, 68, and 7a, among others)? If 11'/es, 10 miles 2, 68, and 7a, among others)? If 11'/es, 10 miles 36, has the organization sted a Form 990-17 for the year? If 11'miles (promide on explanation in Schedule) 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax reporting of the organization undergo a pleudation, dissolution, termation, or significant deposition of one tassets during the year? If 1'ves, 'complete applicable parts of Schedule 0, 7art III The organization for the form 1120-PDL for the year? If 1'ves 2 miles 1'ves 2 miles 2 m	34	· · · · · · · · · · · · · · · · · · ·	conv o	f the amended	33		
35 a Ut the organization have unrelated business pross income of \$1,000 or more during the year from business activities (auch as those reported on lines 2, 68, and 72, among offerens)? b If 1'res,* to line 35a, has the organization at a form 990-1 for the year? If 1'res,* to line 35a, has the organization as claim 50 (10(4), 501)(5(6), 50-5) (for the year? If 1'red,* to line 35a, has the organization as claim 50 (10(4), 501)(5(6), 50-5) (5), 50 (5(6) organization subject to section 6935(e) notice, reporting, and proxy tax requirements during the year? If 1'res,* complete schedule (P. Part III) Did the organization undergo a liquidation, dissolution, termination, or significant disposition of an assets during the year? If 1'res,* complete applicable parts of Schedule (P. Part III) Did the organization the form 11 EVPO, to firsh year? 10 b Off the organization fee form 11 EVPO, the rish year? 10 b Off the organization fee form 11 EVPO, the rish year? 11 b Off the organization fee form 11 EVPO, the rish year? 12 lift (Ps,* complete Schedule II, Part II and enter the total amount involved seed to the schedule II, Part II and enter the total amount involved seed section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 12 a Intation fees and capital contributions included on line 9					34		x
on Inter 2, Sta, and 7a, among others)? b Iffreq 5, to fine SS, has the organization field a Form 990-1 for the year? If 100, provide an explanation in Schedule 0 b Iffreq 5, to fine SS, has the organization and section 901(c)(4), 901(c)(5), or 901(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements for your power and subject to section 6033(e) notice, reporting, and proxy tax requirements for your power and subject to section 6033(e) notice, reporting, and proxy tax as the organization undergo a liquidation, dissolution, terrimination, or significant disposition of nat assets during the year? If Yes, 36 38	35 a				07		
b If Yes, to line 35a, has the organization (lide a Form 990-T for the year? If Yeb, provide an explanation in Schedule 0. Was the organization a section 5016(4), 5916(5)(5), or 510(5)(5), or 510(5), or 510(5)				(add. do incoo reported	358		x
2 Was the organization a section 501(c)(4) Sol 10(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements duming the year? If "Yes," complete Speciation C, Part III was not possible applicable parts of Schedule N 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," organization brown from rom, or make any lonar to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 Different organization brown from rom make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 Different organization brown from rom make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Effect in the total amount movived 39 Section 501(c)(7) organizations. Effect in the total amount involved 39 Section 501(c)(7) organizations. Effect in the organization of the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year under sections 4912, 4955, and 4958 30 Section 501(c)(3) and 501(c)(4) organizations. Effect amount of tax on him 40c returns and the year organization during the year under sections 4912, 4955, and 4958 30 Section 501(c)(3) and 501(c)(4) organizations. Effect amount of tax on him 40c returns and year year year year year year year year	b	·	hedule	0		N/	
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86 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete spinizable parts of Schedule N 71 a Enter amount of poblecel expenditures, direct or indirect, as described in the instructions. ▶ 37 a Enter amount of poblecel expenditures, direct or indirect, as described in the instructions. ▶ 37 a Enter amount of poblecel expenditures, direct or indirect, as described in the instructions. ▶ 37 a Enter amount of poblecel expenditures, direct or indirect, as described in the instructions. ▶ 38 a Individual and the form 1120-PDL for this year? 1 1120-PDL for the lead of the tax year covered by this return? 1 1120-PDL for the total amount movived 1 1120-PDL for the total amount movived in the second of the total amount movived in the second of 1120-PDL for the total amount movived in the second of 1120-PDL for the second				, , ,	35c		х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. □ Did the organization file Form 1120-PQL for this year? □ A Did the organization file Form 1120-PQL for this year? □ A Did the organization form or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □ If "Yes," complete Schedule L, Part I and enter the total amount involved □ If "Yes," complete Schedule L, Part I and enter the total amount involved □ Section 501(c)(7) organizations. Enter: □ Initiation fees and capital contributions included on line 9 □ Oross receips, included on line 9, for public use of club facilities □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions included on line 9 □ Oscillation fees and capital contributions in line of the fees and oscillation in a prior year feet with such a copy of the set unit of the capital feet with line oscillations. □ Oscillation feet set of the organizations is described feet on 1980-1980 feet on 1980-1980 feet on 1980-1980 feet on 1980-1980 feet on 1980-1	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du	iring th	ie year? If "Yes,"			
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 137a				•	36		Х
b Dit the organization file Form 1120-POL for the year? 38a bid the organization for year, or make any loses to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b 11 'Pest, complete Schedule L. Part II and enter the total amount movived 38b N/A 38a N/A 38a N/A 38a N/A 38a N/A 38a N/A 38a N/A 38b N/A 38a N/	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.	_		
38a Did the organization borrow from, or make any loans to, any officer, director, fusities, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38c Section 50 (1c(17) organizations. Enter: and thinking the said capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. Section 30 (1c(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0 Section 50 (1c(3) and 50 (1c(4) organizations. Did the organization engage in any section 4955 ▶ 0 Section 50 (1c(3) and 50 (1c(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 50 (1c(3) and 50 (1c(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 50 (1c(3) and 50 (1c(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 50 (1c(3) and 50 (1c(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year with a section 50 (1c(3) and 50 (1c(4) organizations. Enter amount of tax on line 400 rembursed by the organization. A representation of the forganization and the forganization and the forganization and the forganization and the forganization of the forganization. PLAN BERNES Telephone no. ▶ 802 – 496 – 4746 List the states with which a copy of this return is filed. ▶ NONE 11 List the states with which a copy of this return is filed. ▶ NONE 12 List the states with which a copy of this return is filed. ▶ NONE 13 Located at 1 ≥ 228 HASTINGS ROAD, WAITSFIELD, VT 14 List the states with which	b	Did the organization file Form 1120-POL for this year?			-1 `	-	X
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. NONE 12 The organization's books are in care of LIYNN BARNES Located at 228 HASTINGS ROAD, WAITSFIELD, VT 13 A 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 accounts? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 42c	a	•	_	0			
transaction? If Yes,* complete Form 8886-T 40e		•	•	<u> </u>			
412 List the states with which a copy of this return is filed. ▶ NONE 1 he organization's books are in care of ▶ LYNN BARNES Located at ▶ 228 HASTINGS ROAD, WAITSFIELD, VT 1 have the armount of 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 accounts) 1 have the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 2 have the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3 have the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 4 have the amount of the calendar year, did the organization maintain an office outside of the U.S.? 4 have the name of the foreign country: ▶ 4 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 4 have an extension of the did a form 790-EZ in lieu of Form 990 must be completed instead of Form 990-EZ 4 b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 4 b Did the organization receive any payments for indoor tanning services during the year? 4 b Ut the organization receive any payments for indoor tanning services during the year? 4 di If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 4 did the organization have a controlled entity within the meaning of section 512(b)(13)? 4 did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 4 did the organization receive any payment from or engage in any transaction with a controlled enti	е						
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Form 990-E7 (2011)	45 b					-	-1
132173 Form 990-EZ (2011)	_	512(b)(13)? If Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instri	uctions				
	1321	73			Form 9	90-EZ	(2011)

Form 990-EZ (2	MRC & COMPANY, INC.			<u>52-2146</u>	<u>095</u>		age 4
	•			,		Yes	No
46 Did the or	panization engage, directly or indirectly, in political campaign activiti	es on behalf of or in opposition	to candidates for pu	iblic office?	-	ļ	_1
	mplete Schedule C, Part I				46		<u>X</u>
	Section 501(c)(3) organizations and section 49						(c)(3)
	rganizations and section 4947(a)(1) nonexempt charitable to			and complete	the ta	bles	
<u>f</u>	or lines 50 and 51. Check if the organization used Schedule	O to respond to any quest	ion in this Part VI		_	V	
						Yes	
	panization engage in lobbying activities or have a section 501(h) ele		ar? If "Yes," complete	Sch. C, Part II	47		X
•	nization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"	•			48		X
	panization make any transfers to an exempt non-charitable related o	rganization?			49a		
-	is the related organization a section 527 organization?	a (ather than afficers directors	truotoon and have an	l o odw. Ioogyolae	49b	owod r	
•	this table for the organization's five highest compensated employee	•	, trustees and key en	ipioyees) wild e	aciiiec	eiveu	11016
than \$100	,000 of compensation from the organization. If there is none, enter ' (a) Name and address of each employee	(b) Title and average hours	(a) Baratable	(d) Health benefit	. (0) Estim	ated
	paid more than \$100,000	per week devoted to	(C) Reportable compensation (Forms	contributions to employee benefit	1	ount of	
	NONE	position	W-2/1099-MISC)	plans, and deferre		mpens	
	HONE			Compensation	+-		
		-					
				 -	+		
		1					
					\top		
		1					
		1					
f Total num	ber of other employees paid over \$100,000	>					
51 Complete	this table for the organization's five highest compensated independe	ent contractors who each receiv	ved more than \$100,	000 of compens	ation fr	om the)
	on. If there is none, enter None. NONE						
(a) Name and	address of each independent contractor paid more than \$100,000	(b) Type o	f service	(c)	Compe	nsation	1
					_		
					_		
							
							
	ber of other independent contractors each receiving over \$100,000		, ·			-	
	ganization complete Schedule A? Note: All section 501(c)(3) organi			٠ ٦		_	¬
Charitable Under penalties of	trusts must attach a completed Schedule A perjury, I beclare that I have examined this return, including accompanying schoarer (other than officer) is based on all information of which preparer has any kn	edules and statements, and to the be	est of my knowledge and	belief, it is true, co	rect, an	d comp	No
Declaration of pre	parer (other than officer) is based on all information of which preparer has any kn	owledge				•	
Sign	Signature of officer \\ Signature of officer	<u> </u>		Date OC	15		
Here							
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			—
Paid	Trimo type preparer a maine Freparer a signature	2/ /	self- emplo	-			
Preparer	MICHELE A RID CDA MAGO	05() 76/13	3	·	216	004	
Use Only	MICHELE A. EID, CPA Methole Firm's name ▶ HALL & HOLDEN. P.C.	new !	Eurolo CIN	P00 ► 03-03			
Joe Only	Firm's name ► HALL & HOLDEN, P.C. Firm's address ► PO BOX 1427					<u>3/</u> 314	<u> </u>
	WAITSFIELD, VT 05673		Phone no.	0024	J U-	314	U
May the IDS du	cluss this return with the preparer shown above? See instructions				X Ye		No
may the ind di	POOS DIE LEIDLI MITTI THE BIEBALE SHOMI ADONE, SEE HISH OCHOUS						NO (2011)
					UIIII S	3U'E4	120111

132174 02-06-12

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

			MRC & CO							<u>5,2</u>	<u>-2146</u>	<u> </u>	
Pa	rt I	Reason f	or Public Chari	ty Status (All organiz	ations mus	t complet	e this part	.) See inst	ructions.				
he	organi	zation is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1		A church, con	vention of churches	, or association of churc	ches descr	ibed ın se	ction 170	(b)(1)(A)(i).					
2		A school desc	cribed in section 170	D(b)(1)(A)(ii). (Attach Scl	hedule E.)								
3		A hospital or a	a cooperative hospit	al service organization o	described i	n section	170(b)(1)((A)(iii).					
4		A medical res	earch organization o	perated in conjunction	with a hosp	oital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter th	e hospital'	s name	,
		city, and state	ə·										
5		An organization	on operated for the t	penefit of a college or un	niversity ov	ned or op	erated by	a governn	nental unit	described	d in		
		section 170(b)(1)(A)(iv). (Comple	te Part II)									
6		A federal, stat	te, or local governme	ent or governmental unit	described	l in section	n 170(b)(1	I)(A)(v).					
7		An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pi	ublic desci	nbed in	
		section 170(b	b)(1)(A)(vi). (Complet	te Part II.)									
8				ection 170(b)(1)(A)(vi). (Complete	Part II.)							
	X	-		eives: (1) more than 33 1			om contri	butions, m	embership	fees, and	d gross red	eipts fr	om
		-	-	ctions - subject to certa									
				xable income (less sect									
			509(a)(2). (Complete			•		·					
10				erated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4)).				
11		•	•	erated exclusively for th	•	_			-	out the p	urposes o	f one o	r
				tions described in section									
			•	organization and comple									
		a Type I	ь <u> </u>	Type II c	: П Тур	e III - Func	tionally int	tegrated		d \square	Type III - C	Other	
е				t the organization is not	controlled	directly or	rindirectly	by one or	more disc	qualified p	ersons oth	er than	
				nan one or more publicly									
f			_	ten determination from t									
		supporting or	rganızation, check th	is box									
g	l	Since August	17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	ons?			
				rectly controls, either al								Yes	No
		the gove	erning body of the su	pported organization?							11g(i)		
		(ii) A family	member of a persor	described in (i) above?	•						11g(ii)		_
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	?					11g(iii)		
h	1	Provide the fo	ollowing information	about the supported or	ganızation((s).							
G	Name	of supported	(ii) EIN	(iii) Type of		rganization		u notify the	(vi) ls organizatio	the	(vii) An	ount of	
•		anization	`,	organization (described on lines 1-9	in col. (i) lis			ion in col.	(i) organiz	ed in the	sup	port	
		'		above or IRC section	governing	oocument?	(I) of you	r support?	U.S	.7			
				(see instructions))	Yes	No	Yes	No	Yes	No			
	-				<u> </u>					-			
								ŀ					
													
													
		,											
					ļ			-					
Tot	al												

LHA 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.)

Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf		<u> </u>				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>				
4	Total. Add lines 1 through 3	-					
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				1	1	
	ction B. Total Support	.	•		•		•
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		1				
	and income from similar sources				1		
9	Net income from unrelated business				1		
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1		İ		<u> </u>
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	tions)		•	12	<u> </u>
	First five years. If the Form 990 is for	•		rd, fourth. or fifth t	tax year as a sectio		-
	organization, check this box and stor	-	,	,	,	\-\\-\\-\\-\\-\\-\\-\\-\\-\\\-\\\-\\\-	▶□
Se	ction C. Computation of Publ	ic Support Po	ercentage				
	Public support percentage for 2011 (column (f)) .		14	%
	Public support percentage from 2010				_	15	%
16a	33 1/3% support test - 2011. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this be	· · · · · · · · · · · · · · · · · · ·
	stop here. The organization qualifies	-					. ▶□
t	33 1/3% support test - 2010. If the		•		d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes		• • •	•	ne 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			· ·		- · · · · · · · · · · · · · · · · · · ·	· •
ŀ	10% -facts-and-circumstances tes	•	•		•	17a, and line 15 is	10% or
•	more, and if the organization meets the		-				
	organization meets the "facts-and-cire				-		-
18	Private foundation. If the organization						
	The state of the s					edule A (Form 990	

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.)

Sec	ction A. Public Support			•			_
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	43,587.	93,107.	109,539.	79,971.	46,923.	373,127.
	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	82,321.	103,202.	77,533.	71,183.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	125,908.	196,309.	187,072.	151,154.	88,031.	748,474.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,611.	16,827.	17,308.	26,400.	26,500.	88,646.
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				•	•	0.
c	Add lines 7a and 7b	1,611.	16,827.	17,308.	26,400.	26,500.	88,646.
8	Public support (Subtract line 7c from line 6)	•					659,828.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	125,908.	196,309.	187,072.	151,154.	88,031.	748,474.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		840.		1.		841.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		840.		1.		841.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,600.	6,506.	1,000.	6,111.	42.	27,259.
	Total support (Add lines 9, 10c, 11, and 12)	139,508.	203,655.	188,072.	·	88,073.	776,574.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organız	ation,
<u> </u>	check this box and stop here	:- C			··		
	ction C. Computation of Publ					I I	04 07 **
	Public support percentage for 2011 (•	olumn (t))		15	84.97 % 86.31 %
	Public support percentage from 2010 ction D. Computation of Investigation					16	86.31 %
17				e 13 column (fl)		17	.11 %
18	Investment income percentage from		-	10 10, 00141111 (1),	•	18	.11 %
	33 1/3% support tests - 2011. If the	•	•	on line 14. and line			
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation .	. ► X
	 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che 						aliu 🛌 🦳
20	Private foundation. If the organization			-		•	

132023 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Internal Revenue Service	Inspection
Name of the organization MRC & COMPANY, INC.	Employer identification number 52-2146095
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS	42.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	8,420.
OTHER EXPENSES	2,815.
TOTAL TO FORM 990-EZ, LINE 14	11,235.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES & CC CHARGES	1,100.
INTEREST	22.
MARKETING, GENERAL	63.
DUES & SUBSCRIPTIONS	315.
MISCELLANEOUS	284.
OFFICE SUPPLIES	194.
TELECOM	234.
PROGRAM EXPENSES	76,509.
PAYROLL TAXES	1,689.
TOTAL TO FORM 990-EZ, LINE 16	80,410.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF	YEAR END OF YEAR
	,500. 8,500.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche 132211 01-23-12	edule O (Form 990 or 990-EZ) (2011)

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.

2011
Open to Public Inspection

Name of the organization MRC & COMPANY, INC.	Employer identification number 52-2146095
OTHER DEPRECIABLE ASSETS 9,	650. 4,345.
TOTAL TO FORM 990-EZ, LINE 24 18,	150. 12,845.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION BEG. OF	YEAR END OF YEAR
LOANS PAYABLE 9,	272. 10,053.
PAYROLL TAXES PAYABLE	317. 780.
TOTAL TO FORM 990-EZ, LINE 26 9,	589. 10,833.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SERVING OF THROUGH MUSIC AND OTHER ARTISTIC EVENTS	UR COMMUNITY
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	'IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	
	· · · · · · · · · · · · · · · · · · ·

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

➤ See separate instructions. ► Attach to your tax return. Business or activity to which this form relates OMB No 1545-0172

Name(s) shown on return

Attachment Sequence No 179 Identifying number

MRC & COMPANY, INC.						PAGE		52-2146095
Part I Election To Expense Certain Prope	rty Under Section 1	79 Note: If you	have any lis	ted prope	rty, co	mplete Part	V before y	
Maximum amount (see instructions)	•		•				1	500,000.
2 Total cost of section 179 property place	ed ın service (see	instructions)					2	
3 Threshold cost of section 179 property	before reduction	ın limıtatıon					3	2,000,000.
4 Reduction in limitation Subtract line 3	from line 2. If zero	or less, enter	·-O-				. 4	
5 Dollar limitation for tax year Subtract line 4 from line	e 1 If zero or less, enter	-0- If married filin	g separately, see	instructions			5	
6 (a) Description of pr	operty		(b) Cost (busine	ess use only)	(c) Elected	d cost	
			··					
7 Listed property Enter the amount from	ı line 29				·			
8 Total elected cost of section 179 prope	erty. Add amounts	s ın column (c)	, lines 6 and	7			8	
9 Tentative deduction. Enter the smaller	of line 5 or line 8						9	
O Carryover of disallowed deduction from	n line 13 of your 2	010 Form 456	2				10	
1 Business income limitation. Enter the s	maller of busines	s income (not	less than zer	o) or line	5		11	
2 Section 179 expense deduction Add li	ines 9 and 10, but	t do not enter	more than lin	e 11			. 12	
3 Carryover of disallowed deduction to 2	012. Add lines 9 a	and 10, less lir	ne 12	▶ 1	3			
lote: Do not use Part II or Part III below fo	r listed property. I	Instead, use P	art V.					
Part II Special Depreciation Allowa	nce and Other D	epreciation (Do not includ	de listed j	proper	ty)		
14 Special depreciation allowance for qua	lified property (otl	her than listed	property) pla	aced in se	ervice	during		
the tax year			,,,			•	14	
15 Property subject to section 168(f)(1) ele	ection	•			•	•	15	
16 Other depreciation (including ACRS)				•	•		16	
Part III MACRS Depreciation (Do no	ot include listed pi	roperty.) (See	instructions.))	•	•	1.0	
		Sec	tion A					
17 MACRS deductions for assets placed	ın service in tax ye	ears beginning	before 2011				17	8,264.
8 If you are electing to group any assets placed in ser	vice during the tax year	into one or more a	eneral asset acco	ounts, check	here	▶ □		
Section B - Assets						ral Deprecia	ation Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Reco	overy od	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property	7		-					
c 7-year property	7							
d 10-year property			3,115.	10 3	RS.	HY	SL	156.
e 15-year property			•			1		
f 20-year property	7					<u> </u>	_	
g 25-year property			_	25 y	rs.		S/L	
	/			27.5		ММ	S/L	
h Residential rental property	/			27.5		MM	S/L	
	/			39 y		MM	S/L	
 Nonresidential real property 	' ,			- 00 }	· ·	MM	S/L	
Section C - Assets F	Placed in Service	During 2011	Tax Year Us	sing the	Alterna		<u> </u>	stem
20a Class life							S/L	
b 12-year				12 y	rs.		S/L	
c 40-year	/			40 y		ММ	S/L	
Part IV Summary (See instructions.)								
21 Listed property. Enter amount from line	e 28						21	
22 Total. Add amounts from line 12, lines	•	nes 19 and 20	ın column (a)	, and line	21.		 -	
Enter here and on the appropriate lines	-						22	8,420.
23 For assets shown above and placed in	•	· ·	•			• • • • • • • • • • • • • • • • • • • •		0,420.
portion of the basis attributable to sect	•	you	,	9	3			
116251 11-21-11 LHA For Paperwork Reduction		separate ins	tructions.		-			Form 4562 (2011)

<u>P</u>	art V Listed Propert amusement.) Note: For any v	ehicle for wi	hich you are u	sing the	standare	d mileag	e rate or	•	•	•					
	through (c) of S		or Section <u>B,</u> on and Other					nstruc	tions for li	mits for	nasseno	er autor	nobiles.		
240	Do you have evidence to s					$\overline{}$	es L		24b lf "Y					Yes	No
240	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or her basis	Bas	(e) is for depressiness/inve	eciation estment	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	1,	· · · ·	<u>- </u>	/ placed	ın servic	e durino	the ta	ax vear ar	d					731
	used more than 50% in	-		p p				,	,		25				
26	Property used more tha	n 50% ın a q	ualified busin	ess use:											
			9	%	-										-
			9	%		ĺ									_
			9	%							·				
27	Property used 50% or le	ess in a quali	ıfıed business	use:					•	-	•				-
				%						S/L·					
			9	%	·					S/L·			·]	,
				%						S/L·	-]	· ,
28	Add amounts in column	(h), lines 25	through 27 E	nter her	e and or	line 21,	page 1				28				_
29	Add amounts in column	(i), line 26. E	nter here and	on line	7, page	1							29		
			5	Section	B - Infor	mation	on Use	of Vel	nicles						
If y	mplete this section for ve ou provided vehicles to y se vehicles.												ing this :	section fo	or
				(a)	(1	b)		(c)	(d)	(e)	(1	7)
30	Total business/investment	miles driven d	luring the	Vel	hicle	Vel	nicle	l v	'ehicle	Vel	hicle	Vel	hicle	Veh	ıcle
	year (do not include com	nuting miles)								<u> </u>					
31	Total commuting miles	driven during	the year									ļ			
32	Total other personal (no	ncommuting) miles												
	driven .					<u>. </u>									
33	Total miles driven during	g the year.													
	Add lines 30 through 32											<u> </u>			
34	Was the vehicle availab	le for person	nal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rımarıly by a	more												
	than 5% owner or relate	ed person?				ļ									
36	Is another vehicle availa	ble for perso	onal												
	use? .														
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their	Employe	ees			
Ans	swer these questions to	determine ıf	you meet an e	exception	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	re not n	nore than	5%
ow	ners or related persons.														
37	Do you maintain a writte	en policy sta	tement that p	rohibits a	all perso	nal use d	of vehicl	es, inc	luding coi	nmuting	, by you	r		Yes	No
	employees?								•						
38	Do you maintain a wntte	en policy sta	tement that p	rohibits į	personal	use of v	ehicles,	ехсер	t commu	ing, by	your				
	employees? See the ins	structions for	r vehicles used	by corp	oorate o	fficers, d	lirectors	, or 1%	or more	owners					
39	Do you treat all use of v	ehicles by ei	mployees as p	ersonal	use?										
40	Do you provide more th	an five vehic	les to your en	nployees	, obtain	informat	tion from	your	employee	s about					
	the use of the vehicles,	and retain th	ne information	received	d?										
41	Do you meet the require	ements conc	erning qualifie	ed autom	nobile de	monstra	ition use	? .							
_	Note: If your answer to	<u>37, 38, 39, 4</u>	10, or 41 is "Ye	s," do n	ot comp	lete Sec	tion B fo	or the c	covered ve	hicles.					
P	art VI Amortization														
	(a) Description o	f costs	Date	(b) amortization		(c) Amortizal	ole		(d) Code		(e) Amortizz		Δ	(f) mortization	
				begins		amoun	i		section		period or pe		f	or this year	
<u>42</u>	Amortization of costs th	nat begins du	uring your 201	1 tax ye	ar:	_							_		
					 			+-							
					J			_1_				, , 			
	Amortization of costs th	-	•	•								43			
	Total. Add amounts in	column (f). S	ee the instruc	tions for	where to	o report	-					44	_		- /60
116	252 11-18-11												F	orm 456	z (2011)

Form 4562 (2011) MRC & COMPANY, INC.

52-2146095 Page 2

Form **8868**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

-	ou are filing for an Automatic 3-Month Extension, complete	-	·			X					
If yo	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	this form)							
Do no	t complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.						
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months for a corp	oration					
require	ed to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an e	extension					
of time	e to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers.	Associated With Ce	ertain					
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	ctronic filing of this	form,					
vısit w	ww.irs.gov/efile and click on e-file for Chanties & Nonprofits										
Par	Automatic 3-Month Extension of Time	o. Only s	submit original (no copies ne	eded).							
A corp	poration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete							
Part I	only	_			•	· 🗆					
	er corporations (including 1120-C filers), partnerships, REM income tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time						
Туре	or Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	ber (FIN) or					
print											
	MRC & COMPANY, INC.			X	52-21460	95					
File by ti due date	he Number of the Books of the B	ee instruc	tions		curity number (SSI						
filing you	" P.O. BOX 158				ouncy manness (ees	7					
return S instructi	99	oreign add	ress see instructions								
	WAITSFIELD, VT 05673	orongin add	noos, see menaettens.								
	Will 191 1229 / VI 00070										
Enter	the Return code for the return that this application is for (file	a senara	te application for each return)			0 1					
Littoi	the return code for the return that this application is for the	a sepaia	te application for each return		•	(011)					
Annlie	eation	Boturn	Application			Detum					
Is For		Return	Is For			Return					
Form !		Code				Code					
		01	Form 990-T (corporation)			07					
	990-BL	02	Form 1041-A			08					
	990-EZ	01	Form 4720		· · · · · · · · · · · · · · · · · · ·	09					
	990-PF	04	Form 5227			10					
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 9	990-T (trust other than above)	06	Form 8870			12					
	LYNN BARNES										
	books are in the care of \triangleright 228 HASTINGS RO	DAD -		<u>673 </u>							
Tel	ephone No. ► 802-496-4746		FAX No. 🕨								
	ne organization does not have an office or place of business				. •	· 🗀					
• If th	nis is for a Group Return, enter the organization's four digit				r the whole group,						
box 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	s for.					
1	I request an automatic 3-month (6 months for a corporation	•	·								
	FEBRUARY 15, 2013 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension						
	is for the organization's return for:										
	calendar year or										
	► X tax year beginning <u>JUL 1, 2011</u>	, an	d ending <u>JUN 30, 2012</u>								
			··								
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retur	'n						
	Change in accounting period										
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, (or 6069, e	nter the tentative tax, less any								
	nonrefundable credits. See instructions.	, -	,,	За	\$	0.					
	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$											
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,										
	by using EFTPS (Electronic Federal Tax Payment System)	-	· · · · · · · · · · · · · · · · · · ·	3c	•	0.					
	on. If you are going to make an electronic fund withdrawal v				EO for payment inc						
LHA	For Privacy Act and Paperwork Reduction Act Notice,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 8868 (F						
, .		mau	40.0.10.		1 OOOO (F	10 V. 1 ZU 1Z)					

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