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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 donor 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 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form

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

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OMB No 1545 1150

2011

Open to Public .. Inspection

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K Check + [X] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-E2 or Form 990 return is not required though Form 990-E2 or (+) epistracify) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.    Add lines \$5, 6c, and \$7, bc, line \$9\$ to determine gross receipts are \$200,000 or more; or if total sasets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E2.   \$162.		J	Tax-e	xempt status	(ck only one) - X 501(c)(3)	501(c) ( ) <b>◄</b> (insert	no ) 4947(a)	)(1) or 527	990, 99	90-EZ, or 99	90-PF)
normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return  Add lines 5b, 6c, and 7b, to line 9 to determine grass receipts, if gross receipts are \$200,000 or more, or if total \$ \$ \$ \$ 162.  Part II line 25, 6c, and 7b, to line 9 to determine grass receipts, if gross receipts are \$200,000 or more, or if total \$ \$ \$ \$ 162.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I \$ \$ \$ 150.  Check if the organization used Schedule 0 to respond to any question in this Part I \$ \$ \$ 150.  Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  b Less, cost or other basis and sales expenses  c Sain or (last) from sale of assets other than inventory  b Less, cost or other basis and sales expenses  c Sain or (last) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gross income from fundraising events (not including \$ of contributions for scendard \$ 15,000)  b Gross income from gaming (attach Schedule G if freater than \$15,000)  c Less direct expenses from gaming and fundraising events  d Net income or (closs) from gaming and fundraising events  d Net income or (closs) from gaming and fundraising events  d Net income or (closs) from gaming and fundraising events  d Net income or (closs) from gaming and fundraising events  d Net income or (closs) from gaming and fundraising events  d Net income or (closs) from gaming and fundraising events  d Net income or (closs) from gaming and fundraising events  d Net income or (closs) from sales of inventory (Subtract line 7b from line 7a)  7 a Gross sales of inventory, less returns and allowances  b Less, cost of goods sold  c Gross pro	ī								27 organiza	ation and i	ts gross receipts are
Add lines 5b. 6c, and 7b. to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (6) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ    Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I    December 1			norm	ally <b>not</b> m	ore than \$50,000 A Form 990-E	Z or Form 990 return	is not required	d though Form			
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6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d3/7c, and 8. 10 Grants and similar amounts paid (list in Schedule O) VED SEE SCHEDULE 0 11 Benefits paid to or for members 12 Salaries, other compensation, and employee/benefits 2012 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping PEN, UT 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess 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) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20			d	Net incom	e or (loss) from gaming and fun	idraising events (add	lines 6a and				
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Salaries, other compensation, and employee/benefits 2012  13 Professional fees and other payments to independent contractors:  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, land shipping. EN, UT  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 11,302.	4	-					1 0	EE CCHEDI	IIE O'		
Salaries, other compensation, and employee/benefits 2012  13 Professional fees and other payments to independent contractors:  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, land shipping. EN, UT  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 11,302.	Ç					chedulero) A C	1 3	ee acueni	TE O	<u> </u>	10,000.
Professional fees and other payments to independent contractors 13 350.  14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping FN, UT 15 Other expenses (describe in Schedule O). 16 16 Total expenses. Add lines 10 through 16 17 10, 350.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -10, 188.  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) 19 21, 490.  Other changes in net assets or fund balances (explain in Schedule O) 20 21 11, 302.	ഗ	ا ـ		Benefits p	aid to or for members	OV -	791			<del></del>	<del></del>
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Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  21 11,302.		NS	14	Occupano	y, rent, utilities, and maintenanc	- P	[종]			14	
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figure reported on prior year's return)  T E 20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  19 - 21, 490.  20		A	10	Not see-4	or fund halances at haginging	of year ffrom line 27	column (A)) (	(muct seres	th and af :	(02)	
21 Net assets or fund balances at end of year Combine lines 18 through 20 [21] : 11, 302.		N S	19	figure ren	or futiu balances at beginning ( orted on prior year's return)	or year (noin line 2/,	Column (A)) (	must agree w	iai ena-oi-y	19	21,490.
21 Net assets or fund balances at end of year Combine lines 18 through 20 [21] = 11, 302.		ŦĔ	20			nces (explain in Sche	dule O) -	• ••		<del></del>	<u></u>
		Ś		-							, 11.302
	•	RΔ						•			- Form <b>990-EZ</b> (2011)

Form	990-EZ (2011) CENTRAL VERMONT	CATHOLIC SCHOOL		57	-117	73549 Page <b>2</b>
Par	t II Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	estion in this Part II			
	Oneck if the organization used bene	duic o to respond to arry que		(A) Beginning of ye	ar	(B) End of year
	Cash, savings, and investments		}-	21,490		11,302.
23 24	Land and buildings Other assets (describe in Schedule O)				23 24	
	Total assets			21,490		11,302.
26	Total liabilities (describe in Schedule O)			0	<u> </u>	0.
	Net assets or fund balances (line 27 of till   Statement of Program Serv			21,490	. 27	11,302. Expenses
	Check if the organization used Sci	nedule O to respond to any q	uestion in this Part II	[X]	(Reg	uired for section
What Desc mean bene	is the organization's primary exempt purpose? SEE ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	C SCHEDULE O complishments for each of i e manner, describe the service ach program title	ts three largest progra es provided, the num	am services, as ber of persons	orgai 4947	c)(3) and 501(c)(4) nizations and section (a)(1) trusts, optional thers)
28	CENTRAL VERMONT CATHOLIC	SCHOOL FOUNDATION,	INC. MADE CO	NTRIBUTIONS		
	TO CENTRAL VERMONT CATHOL SCHOOL'S EDUCATIONAL GOAL		RE USED TOWAR	DS THE	1	
		is amount includes foreign gr	ants, check here		28a	<u>1</u> 0,000.
29						
	(Grants \$ ) If the	is amount includes foreign gr	ants, check here		29 a	
30	722					
	(Grants \$ ) If th	s amount includes foreign gr	ants check here		30 a	
31	Other program services (describe in Sch		artis, check here		302	
		is amount includes foreign gr	ants, check here	▶ 🗍	31 a	
_	Total program service expenses (add lint IV   List of Officers, Directors,	nes 28a through 31a).	Joyana List seek ens	vian if not componented	32	10,000.
[ as	Check if the organization used Sc				(266 (1)	e instructions for Part IV
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC) (If not paid, enter -0-)	contributions to employees deferred compensations	oloyee nd	(e) Estimated amount of other compensation
	MAS J. GOLONKA	PRESIDENT	_			
	BOX 1455 TPELIER, VT 05602	1	0	•	0.	0.
	LI CAIN	VP/TREASURER				
PO	BOX 1455	1	0		0.	0.
	TPELIER, VT 05602	CECDEMANA				
	PAUL GIULIANI BOX 1455	SECRETARY	0		0.	0.
	TPELIER, VT 05602	_	Č	1	٠.	<b>0.</b>
	ZABETH_BOND	DIRECTOR				
	BOX 1455 TPELIER, VT 05602	1	0	•	0.	0.
	HER MOSHER	DIRECTOR				
	BOX 1455	0	0		0.	0.
	TTPELIER, VT 05602 L HUTCHINS	DIRECTOR	-			
	BOX 1455	DIRECTOR 1	0		0.	0.
	TPELIER, VT 05602					
	<del></del>					
				<del> </del>		
RΔΔ	<u> </u>	TEFA0812I 0	2/14/12			Form 990-EZ (2011)

Forn	990-EZ (2011) CENTRAL VERMONT CATHOLIC SCHOOL	57-117354	19	Р	age <b>3</b>
Pai	tV Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V.) Check if the organization used Schedule O to respond to an		HEDUI	LE O	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide each activity in Schedule O		33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they reflect	<del></del>		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	r from business activities	35a		
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	•	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	I · · ·	35 c		<u>x</u> _
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N		36		X Mar. 442
	<u>l Enter amount of political_expenditures, direct_or_indirect,-as.described-in-the-instructions.—►</u> DDId the organization file <b>Form 1120-POL</b> for this year?	_37a 0	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered l	employee <b>or</b> were by this return?	38 a		X
Ŀ	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A			
39	Section 501(c)(7) organizations Enter				
	Initiation fees and capital contributions included on line 9	39a N/A	- Figure 1		
	Gross receipts, included on line 9, for public use of club facilities	39Ы N/A			<u> </u>
40 a	s Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the section 4911 ► 0 . , section 4912 ► 0 . , section 4958	•	4.4		400
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year the on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	58 excess benefit	40b		X
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	<b>▶</b> 0.			gr.
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	<b>.</b> 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	40e	区建	X
41	List the states with which a copy of this return is filed NONE			_	
<b>42</b> a	The organization's books are in care of PAUL GIULIANI Located at P.O. BOX 1455 MONTPELIER VT	Telephone no. ► _(802) ZIP + 4 ► _05601	223-	-347	9
t	At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other fi	or other authority over a nancial account)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country		¥1.55.	V.Pt	
			A Second		
			100 mg		3.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina				
C	At any time during the calendar year, did the organization maintain an office outside of the U	S.?	42c		<u>X</u>
	If 'Yes,' enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch	1 1	,		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	1	Yes	N/A No
<b>44</b> a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 m of Form 990-EZ	ust be completed instead	44a		X
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ	0 must be completed	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?		44 c		X
C	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' µ Schedule O	orovide an explanation in	44 d		
<b>45</b> a	Did the organization have a controlled entity of the organization within the meaning of section	n 512(b)(13)?	45a		X
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	g of section 512(b)(13)? If 'Yes,'	45b	- [	X .
	TEEA0812L 02/14/12	Fo	rm <b>990</b>	- <b>EZ</b> (2	2011)

Form <b>990-E</b>	Z (2011) CENTRAL VERMONT CA	THOLIC SCHOOL		• 57-117	13549	F	Page 4
						Yes	No
<b>46</b> Did th	ne organization engage, directly or indirec	ctly, in political campaig	n activities on behalf of	or in opposition to			
candı	dates for public office? If 'Yes,' complete	Schedule C, Part I			46	<u>L</u>	X
Part VI	Section 501(c)(3) organization	s and section 4947	/(a)(1) nonexempt (	charitable trusts o	nly. All se	ectioi	n
	501(c)(3) organizations and sec	ction 4947(a)(1) no	nexempt charitable	e trusts must answ	er questic	ns	
	47-49b and 52, and complete the	ne tables for lines	50 and 51.				
	Check if the organization used Schedul	e O to respond to any o	question in this Part VI				
		···· <del>-</del>		- <del> </del>		Yes	No
	ne organization engage in lobbying activit	ies or have a section 50	)1(h) election in effect d	uring the tax year? If 'Y			
•	lete Schedule C, Part II				47		X
<b>48</b> Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)? I	f 'Yes,' complete Sched	ule E	48		X
<b>49 a</b> Did th	ne organization make any transfers to an	exempt non-charitable	related organization?		49 a		X
<b>b</b> If 'Ye	s,' was the related organization a section	527 organization?			49 b		L
<b>50</b> Comp	plete this table for the organization's five	highest compensated e	mployees (other than of	ficers, directors, trustee	s and key		
emple	oyees) who each received more than \$10	0,000 of compensation	from the organization I	there is none, enter 'N	one '		
,	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE							
		t					
		<del> </del>	}				
		<del> </del>					
					<del> </del>		
		+					
- T-4-1		00.000			L		
	number of other employees paid over \$1	· —					
51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated in s none lenter 'None '	idependent contractors v	who each received more	than \$100,	000 o	f
	ame and address of each independent contractor paid		(b) Type	of service	(c) Comp	ensatio	n
NONE		<del></del>					
NONE							
		<del> </del>					
e Total	number of other independent contractors	s each receiving over \$	100,000	>		_	
<b>52</b> Did th	ne organization complete Schedule A? No	ote: All section 501(c)(3	) organizations and 4947	7(a)(1) nonexempt			
	table trusts must attach a completed Sch				► X Yes		No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return and compl <u>ete <b>D</b>eclaratio</u> n of preparer (other <u>than</u> office	n, including accompanying schools on is based on all information	edules and statements, and to to of which preparer has any know	he best of my knowledge and by viedge	elief, it is		
	1800 6011			11/14/12			
Sign	Sygnature of officer	0		Date			
Here	Thomas Golonk	ia. Voo	ash	,			
	Type or print name and title		<u> </u>				
	Print/Type preparer's name	Preparer's signature	Date	Check of P	TIN		
Daild	DONALD J. MURRAY, CPA	David OM	CRA 11-14-		0019953	1	
Paid Preparer	DATE OF STATE OF STATE	LE & VALLEY, C	PAS	self employed   F	0013333	<u> </u>	
Use Only	140 01000 00000	· · · · · · · · · · · · · · · · · · ·	L AD	5 1.5m 5	03-0300	0/1	
my	<del> </del>	05602		Firm's EIN •	2) 223-62		
May the ID	<del>^</del>		otions	Phone no (80			No.
iviay the IR	S discuss this return with the preparer sh	iowii above: See instru	CHOLIZ		Form 990		No (2011)
					1 01111 330		(2011)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Open to Public Inspection

Name of the organization CENTRAL	VERMONT CAT	CHOLIC SCHOOL					Employe	r identifica	tion number		
	ION, INC.	<u></u>			_			<u> 173549</u>			
Part I Reason for Public	Charity Status	(All organizations	must o	comple	ete this	part.	See i	nstruct	ions.		
The organization is not a private	foundation becaus	e it is (For lines 1 thro	ugh 11,	check o	nly one	box )					
1 A church, convention of	f churches or assoc	ciation of churches desi	cribed in	section	n 170(b)	(1)(A)(i)	).				
2 A school described in s	ection 170(b)(1)(A)	(ii). (Attach Schedule	E)								
3 A hospital or a cooperat	tive hospital servic	e organization describe	d in sec	tion 17	0(b)(1)(/	۹)(iii).					
4 A medical research orga	anization operated	in conjunction with a h	ospital o	describe	d in sec	ction 17	0(b)(1)(	A)(iii). Er	nter the ho	spital's	
name, city, and state										· 	
5 An organization operate 170(b)(1)(A)(iv). (Comp	ed for the benefit o plete Part II)	f a college or university	owned	or opera	ated by	a gover	nmental	unit des	cribed in	section	-
6 A federal, state, or loca											
7 An organization that not in section 170(b)(1)(A)(	<b>vi).</b> (Complete Par	rt II )	• •	J	vernme	ntal uni	or fron	the gen	eral public	described	j
8 A community trust descri	ribed in section 17	<b>70(b)(1)(A)(vi).</b> (Comple	te Part I	l.)							
9 An organization that noi from activities related to investment income and June 30, 1975 See sec	o its exempt function unrelated busines:	ons – subject to certaii s taxable income (less	n except	ions, an	id (2) no	more t	han 33-	1/3% of	its support	from gros	s
10 An organization organiz	•			-			• •				
11 X An organization organiz more publicly supported describes the type of su	l organizations des ipporti <u>ng</u> organizat	cribed in section 509(a ion and complete lines	)(1) or s 11e thro	ection 5 ough 11	609(a)(2 า.	). See s	f, or car section	ry out th <b>509(a)(3)</b>	e purpose: . Check th	s of one or ne box that	į
aType I	<b>b</b> Type II	c X Type II		-	_			d 📗	Type III -		
e X By checking this box, I of other than foundation mesection 509(a)(2)	certify that the organisms and other	anization is not controll than one or more publ	ed direc licly supp	tly or in ported o	directly irganiza	by one tions de	or more scribed	disqualit in sectio	fied persor in 509(a)(1	ns ) or	
f If the organization received this box	ved a written deter	rmination from the IRS	that is a	Type I,	Type II	or Type	e III sup	porting o	rganızatıoı	۰, [	]
<b>g</b> Since August 17, 2006,	has the organization	on accepted any gift o	r contrib	ution fro	m any	of the fo	llowing	persons	7		
										Yes No	,
below, the govern	ing body of the sup	ontrols, either alone or oported organization?	together	with pe	rsons d	escribed	l ın (ıı) a	and (III)	11g (i)	х	_
(ii) A family member of	of a person describ	oed in (i) above?							11g (ii)	X	_
(iii) A 35% controlled e	entity of a person o	described in (i) or (ii) a	bove?						11g (iii)	X	_
h Provide the following inf	formation about the	e supported organization	n(s).								
(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	s the ation in ) listed in iverning ment?	the organ	ou notify ization in n (i) of upport?	organız colur	s the ation in in in (i) ed in the S ?	(vii) Amou	nt of support	
			Yes	No	Yes	No	Yes	No			
CENTRAL VERMONT C	ATHOLIC SCHO	OL	]								_
(A)	03-0181221	SCHOOL	X	_	Х		Х			10,000	
		· ·									_
(B)		· · · · · · · · · · · · · · · · · · ·									_
(C)											_
(D)											
(E)											
											_

#### 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 begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 201		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or							
	_facilities_furnished_by_a governmental unit to the organization without charge							
	Total. Add lines 1 through 3				N 40 5.	f 1		
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)	74.						
6	Public support. Subtract line 5 from line 4					<b>注意</b> 。图		
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		_					
9	Net income from unrelated business activities, whether or not the business is regularly carried on	:						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10				, · · · · · · · · · · · · · · · · · · ·	<b>रु</b> प्राः	٠,	
12	Gross receipts from related activ	rities, etc (see inst	tructions).			L	12	-1
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	id, third, fourth, o	r fifth tax year as	a section 50	1 <b>(c)(</b> 3	<sup>3)</sup> ▶ □
	tion C. Computation of Pu					·····	T	<del></del>
	Public support percentage for 20		•	e 11, column (f))			14	
	Public support percentage from	,	•			L	15	%_
16 a	a 33-1/3% support test — 2011. If and stop here. The organization	the organization d qualifies as a pub	id not check the b dicly supported or	oox on line 13, an ganization	d the line 14 is 33	3-1/3% or mo	ore, c	neck this box
t	33-1/3% support test — 2010. If and stop here. The organization				a, and line 15 is 3	33-1/3% or n	поге,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ınd-cırcumstances	test, check this	box and stop her	e. Explain ir	Part	IV how
	0 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	ind-circumstances est The organiza	test, check this tion qualifies as a	box and stop her a publicly supporte	e. Explain in ed organizat	Part on	IV how the ►
	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	<del></del>			
BAA					Scl	nedule A (Fo	rm 99	90 or 990-EZ) 2011

TEEA0402L 05/25/11

## 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	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include	(a) 2007	( <b>b)</b> 2008	(6) 2003	(a) 2010	(e) 2011	(i) Total
2	any 'unusual grants') 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		_				
	Total. Add lines 1 through 5 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						
С	Add lines 7a and 7b		-				
	<b>Public support</b> (Subtract line 7c from line 6)		3 *B // *	) tr		· (	
Sec	tion B. Total Support					-	
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Urrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total cumpart and a second and				1		
13	TOTAL Support. (Add ins 9, luc, 11, and 12)				1	ĺ	•
	Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	l or fifth tax year as	a section 501(c)	(3)
14	First five years. If the Form 990	stop here		nd, third, fourth, c	l or fifth tax year as	a section 501(c)	(3)
14 Sec	First five years. If the Form 990 organization, check this box and	stop here blic Support P	ercentage			a section 501(c)	(3)
14 Sec 15	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	blic Support P	ercentage n (f) divided by lin				<u> </u>
14 Sec 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20	blic Support P 011 (line 8, columi 2010 Schedule A,	ercentage n (f) divided by lin Part III, line 15	ne 13, column (f))		15	8
14 Sec 15 16 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from	blic Support P 11 (line 8, column 2010 Schedule A, restment Incor	ercentage n (f) divided by lin Part III, line 15 ne Percentage	ne 13, column (f))	)	15	96 96
14 Sec 15 16 Sec 17	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support P 11 (line 8, column 2010 Schedule A, restment Incor or 2011 (line 10c,	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divide	ne 13, column (f)) e ed by line 13, colu	)	15 16	90 90
14 Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage for Investment income percentage for 33-1/3% support tests — 2011. It is not more than 33-1/3%, check	blic Support P 11 (line 8, column 2010 Schedule A, restment Incor or 2011 (line 10c, rom 2010 Schedu f the organization of this box and sto	Percentage In (f) divided by ling Part III, line 15 INTERIOR Percentage column (f) divided le A, Part III, lined did not check the phere. The organism of the column of th	ne 13, column (f)) e ed by line 13, colu 17 box on line 14, a	umn (f)) and line 15 is more as a publicly supp	15 16 17 18 e than 33-1/3%, sorted organizatio	% % % and line 17 n
14 Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage for Investment income percentage for 33-1/3% support tests — 2011.	blic Support P blic Support P blic Support P blic Support P color Schedule A, cestment Incor or 2011 (line 10c, rom 2010 Schedu f the organization of the organization of the organization	rercentage  n (f) divided by lin Part III, line 15  ne Percentage  column (f) divide  le A, Part III, line  did not check the p here. The organ	ne 13, column (f)) ed by line 13, colu 17 box on line 14, a	umn (f)) and line 15 is more as a publicly supp	15 16 17 18 e than 33-1/3%, orted organizatio	% % % % and line 17 n

Schedule A	4 (Form 990 or 99	90-EZ) 2011 (	CENTRAL V	ERMONT (	CATHOLIC	SCHOOL	5	7-1173549	Page -	4
Part IV	Supplement Part II, line 1 (See instruct	al Informatio 7a or 17b: a	<b>n.</b> Complet nd Part III,	e this part line 12. A	to provide Iso comple	the explanate this part	ations requir for any addi	ed by Part II, tional informa	line 10; ation.	_
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CENTRAL VERMONT CATHOLIC SCHOOL FOUNDATION, INC.

Employer identification number 57-1173549

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
THE ESTABLISHMENT AND DEVELOPMENT OF AN ENDOWMENT FUND FOR THE BENEFIT OF CENTR	<u>AL</u>
VERMONT_CATHOLIC_SCHOOL_AND_PROVIDING_GRANTS_TO_PROMOTE, EXPAND_AND_STRENGTHEN_	· <u>-</u>
CENTRAL VERMONT CATHOLIC SCHOOL AND ITS EDUCATIONAL GOALS.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRAC	T <u>S</u>
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	_NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	_NO

2011

#### **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 2

**CLIENT 5198** 

CENTRAL VERMONT CATHOLIC SCHOOL FOUNDATION, INC.

57-1173549

11/13/12

01:58PM

FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

DONEE'S NAME: DONEE'S ADDRESS:

CENTRAL VERMONT CATHOLIC SCHOOL 46 BARRE STREET

MONTPELIER, VT 05602

CASH AMOUNT GIVEN:

\$ 10,000.