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## Form **990-EZ**

# 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)

OMB No 1545 1150 **2012** 

Department of the Treasury Internal Revenue Service 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 reporting requirements

Open to Public Inspection

Control Cont	A		he 2012 calendar year, or tax year beginning , 2012, and ending			
Name change   DBA CALL AND RESPONSE FOUNDATION   13 Members   14 Mem	B			D En	nployer ide	entification number
DBA_CALL_AND_RESPONSE_FOUNDATION   Farewords remarked   Remarked International Control of the	$\vdash$		MACTO HOUSE THO	1 0	1-075	8063
Section   138 WHITE ROCK DRIVE #2   802-479-4142   F Group Exemption   Remove   Reputation pending   Remove	$\vdash$		DBA CALL AND RESPONSE FOUNDATION	E Te	lephone n	umber
Accounting Method.	F		138 WHITE ROCK DRIVE #2	8	02-47	9-4142
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Website: ** CALLANDRESPONSEFOUNDATION.ORG   Tax-exempt status (cleak only em) — [X] 301(o)(3) — 501(o)(1) — (insert no) — 4847(a)(1) or — 527   990, 990-E2, or 990-PF).   K Check ** — 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-N (e-postcard) may be required (see instructions). But if the organization or posses to file a return, be sure to file a complete return.   L Add lines \$b\$, 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 (8) below) are \$500,000 or more, tile Form 990-E2		Applica	ation pending			F Proport
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11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping  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 Net assets or fund balances at end of year. Combine lines 18 through 20  22 1 1,821.	<u> </u>	9				91,950.
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 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 Net assets or fund balances at end of year. Combine lines 18 through 20 28, 150. 28, 840. 38, 840. 39, 840. 30, 840. 31					<del>                                     </del>	
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) 19 1, 596. 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 1, 821.		1	·		<del></del>	_ <del></del>
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) 19 1, 596. 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 1, 821.	X	[	· · ·			
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) 19 1, 596. 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 1, 821.	E				<del></del>	
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) 19 1, 596. 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 1, 821.	S	l				1,635.
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 1,821.	5	l	CDD COURDING	0	<b>├</b> ──	
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  22 1, 821.		1	Construction (Construction of	_		
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)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  19  1,596.  20  1,821.	_	<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 1,821.	A	'5			18	225.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 1,821.	NS FS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end	10	1 505	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 1,821.	ŤĘ	20			<b>├</b>	1,596.
	, S I	20				1 001
	RA	<u> </u>				

21

Form	990-EZ (2012) MAGIC HOUSE INC	•		•	01-	075	8063 Page <b>2</b>
	til Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	stion in this Part II				
				(A) Beginning o	f year	-	(B) End of year
22	Cash, savings, and investments			1.5	596.	22	1,821.
23	Land and buildings					23	
24	Other assets (describe in Schedule O)					24	
25	Total assets			1 1	596.	25	1,821.
26	Total liabilities (describe in Schedule O)				0.	26	0.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with lir	ne 21)	1 0	<u></u> 596.	27	1,821.
	t III Statement of Program Service Acco		<u> </u>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	) <b>-</b> -/ ]	Expenses
F C C	Check if the organization used Sch	nedule O to respond to any o	uestion in this Part I	III	X (	(Regi	ured for section 501
What	s the organization's primary exempt purpose? SEI				(	(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service ad	complishments for each of it	s three largest prog	ram services, as			nizations and section (a)(1) trusts, optional
mea	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	manner, describe the servic	es provided, the nui	mber of persons			hers.)
		ach program title.				- 1	
28	SEE SCHEDULE O						
				<b></b> -			
			- <b></b>				
	(Grants \$ ) if th	is amount includes foreign gr	ants, check here	<u> </u>		28 a	78,19 <u>1.</u>
29				<b></b> -			
					↓	}	
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<u> </u>		29 a	
30							
				<del></del> -	1		
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		$\Box$	30 a	
31	Other program services (describe in Scho	edule O)					
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	•		31 a	
32	Total program service expenses (add line	es 28a through 31a)			<u> </u>	32	78,191.
Pai	t IV List of Officers, Directors,		niovees List each on	e even if not compens	ated (s	coo the	
	Check if the organization used Sch	nedule O to respond to any a	uestion in this Part	IV	atta (s	acc the	instructions for Fare is j
		(b) Average hours per	(c) Reportable compensa	d) Health b			
	(a) Name and Title	week devoted to	(Forms W 2/1099 MIS	C) contributions to			<ul><li>(e) Estimated amount of other compensation</li></ul>
		position	(If not paid, enter -0-)	compens	ation		
<u>JEN</u>	NIFER CANFIELD						
	ECUTIVE DIR.	40	28,15	50.		0.	0.
	YAM_MODY						
	RECTOR	0		0.		0.	0.
	SAN MURPHY						
	RECTOR	0		0.		0.	0.
	WARD RITZ						
DĪI	RECTOR	0		0.		0.	0.
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BAA		TEFA0812L (					Form <b>990-F7</b> (2012)

Page 3

<u> </u>	Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHED the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ULE	0	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
	provide a detailed description of each activity in Schedule O	33	Х	
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		\
35 :	a change to the organization's hame official wise, explain the change on schedule of (see instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities.	34		X
336	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		x
ŀ	of 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		<del></del>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.			
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0.			
ŀ	Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
38 a	l Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		х
ŀ	of If 'Yes,' complete Schedule L, Part II and enter the total			
20	amount involved 38 b N/A	-		
	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on line 9  N/A	-		
	o Gross receipts, included on line 9, for public use of club facilities  N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 • 0., section 4912 • 0., section 4955 • 0.			
,	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	1		1
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		Х
	: 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			
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			v
				l X
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e	L	<u> </u>
41	List the states with which a copy of this return is filed NONE	40 e	l	ļ_ <u></u>
41		40 e		<u> </u>
	List the states with which a copy of this return is filed NONE	400		ļ <u></u>
	List the states with which a copy of this return is filed NONE  The organization's		142	
	List the states with which a copy of this return is filed NONE  The organization's		142	
42 :	List the states with which a copy of this return is filed NONE  The organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		142 Yes	No No
42 :	List the states with which a copy of this return is filed NONE  The organization's books are in care of NISHA VANDOIA  Telephone no 802-4			
42 :	List the states with which a copy of this return is filed NONE  The organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	79-4		 No
42 :	List the states with which a copy of this return is filed ► NONE  The organization's books are in care of ► NISHA VANDOIA  Located at ► 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?	79-4		 No
42 :	List the states with which a copy of this return is filed ► NONE  The organization's books are in care of ► NISHA VANDOIA  Located at ► 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?	79-4		 No
42 :	List the states with which a copy of this return is filed ► NONE  The organization's books are in care of ► NISHA VANDOIA  Located at ► 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?	79-4		 No
42 :	List the states with which a copy of this return is filed ► NONE  The organization's books are in care of ► NISHA VANDOIA  Located at ► 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?	79-4		 No
42 í	Ite organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?  If 'Yes,' enter the name of the foreign country.	79-4		 No
42 í	Telephone no Source of NISHA VANDOIA  Telephone no Source of NISHA VANDOIA  Total to	79-4 42b		No X
42 á	The organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	79-4 42b		No X
42 á	The organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	79-4 42b		No X
42 á	The organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	79-4 42b		No X
42 á	Telephone no 802-4  Loated at 138 WHITE ROCK DRIVE #2 MONTPELIER VT ZIP +4 05602  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)?  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.  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    If 'Yes,' enter the name of the foreign country	79-4 42b		No X
42 z	Telephone no 802-4  Total a time organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?  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.  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   If 'Yes,' enter the name of the foreign country	79-4 42b		No X
42 z	Telephone no SO2-4  Total And Teleph	79-4 42b		No X
422	List the states with which a copy of this return is filled NONE  Telephone no 802-4  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT ZIP+4 05602  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)?  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.  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  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  Dold the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	79-4 42b 42c	Yes	No X  N/A  N/A  N/A
42 2	Telephone no * 802-4 Located at * 138 WHITE ROCK DRIVE #2 MONTPELIER VT ZIP+4 * 05602  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  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.  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 *  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 * 43	79-4 42b	Yes	No X X
42 2	List the states with which a copy of this return is filed NONE  The organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT ZIP +4 NO5602  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)?  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.  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   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  A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed.	79-4 42b 42c	Yes	No X  N/A N/A No
42 2	List the states with which a copy of this return is filed NONE  The organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT 2IP+4 > 05602  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)?  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.  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 >  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  A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	79-4 42b 42c	Yes	No X  N/A N/A No X
42 2	List the states with which a copy of this return is filed NONE  Telephone no 802-4 Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT 2IP+4 05602  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  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   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  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	79-4 42b 42c	Yes	No X  N/A N/A No
42 2	List the states with which a copy of this return is filed NONE  The organization's books are in care of NISHA VANDOIA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT 2IP+4 > 05602  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)?  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.  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 >  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  A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	79-4 42b 42c	Yes	No X  N/A N/A No X
42 2	List the states with which a copy of this return is filed NONE  The organization's books are in care of NISHA VANDOTA  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT 2/P +4 05602  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)?  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.  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   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  A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 44 a 44 b 44 c	Yes	No X  N/A N/A No X
42 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	List the states with which a copy of this return is filled NONE  The organization's books are in care of NISHA VANDOIA Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT  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)?  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.  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 Section 4947(a)(1) nonexempt charitable trusts filling 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  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes to line 44c, has the organization filed a Form 720 to report these payments?  If the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	42 b 42 c 44 a 44 b 44 c 44 d	Yes	No X  N/A N/A No X  X
42 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	List the states with which a copy of this return is filled NONE  Telephone no 802-4  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT 2/P +4 NOTE  Located at 138 WHITE ROCK DRIVE #2 MONTPELIER VT 2/P +4 NOTE  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)?  See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  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   Section 4947(a)(1) nonexempt charitable trusts filling 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  Section 4947(a)(1) nonexempt charitable trusts filling 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  Section 4947(a)(1) nonexempt charitable trusts filling 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  Section 4947(a)(1) nonexempt charitable trusts filling 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  Section 4947(a)(1) nonexempt charitable trusts filling 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  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  Bid the organization receive any payments for indoor tanning services during the year?  If 'Yes,' Form 990 must be completed instead of Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  Bid the organization have a controlled enti	42 b 42 c 44 a 44 b 44 c 44 d	Yes Yes	No X  N/A No X  X  X  X

Form 9	<b>990-EZ</b> (20	12)	MAGIC HOUSE INC.			' 01-075	8063	F	age 4
								Yes	No
46 0	old the org	anız	ation engage, directly or indire public office? If 'Yes,' complete	ctly, in political campaig	in activities on behalf of	or in opposition to	46		
Part			on 501(c)(3) organization				46	<u> </u>	<u> </u>
i un			ction 501(c)(3) organizati		uestions 47-49b ar	nd 52, and complet	e the tab	<b>e</b> s	
	for	line	es 50 and 51.			.a 02, and 00mpiot	o mo tab		
	Che	ck if	the organization used Schedu	le O to respond to any o	question in this Part VI				П
47 -	). al Alba				21.0			Yes	No
4/ L	omplete S	janiz Sche	ation engage in lobbying activit dule C, Part II	ties or nave a section 50	JI (n) election in effect d	uring the tax year? If 'Y	es, 47		х
	•		tion a school as described in se	ection 170(b)(1)(A)(ii)? I	f 'Yes.' complete Sched	ule E	48		X
			ation make any transfers to an				49 a		X
ЬII	f 'Yes,' wa	s th	e related organization a section	527 organization?	•		49 b		
<b>50</b> C	Complete t	his t	able for the organization's five	highest compensated e	mployees (other than of	ficers, directors, trustee	s and key		
e	mployees	) wh	o each received more than \$10	00,000 of compensation	from the organization. It	there is none, enter 'N	one.'		
	(a) Na	ame a paid r	nd title of each employee more than \$100,000	(b) 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				-					
				1					
				-	-				
			· ···.						
				-,					
				1					
	otal numb		of other employees paid over \$1	100,000	l <u></u>				
			able for the organization's five		dependent contractors	who each recoved more	than ¢100	000 0	£
c	ompensat	ion t	from the organization of there	s none, enter 'None.'	dependent contractors t	who each received more	tilali pioo	000 0	1
	(a) Name ar	nd add	dress of each independent contractor pair	d more than \$100,000	(b) Type	of service	(c) Comp	ensatio	n
NONE	,								
						<del></del>			
						,,,,,			
				<del></del>					
d⊤	otal numb	er o	of other independent contractors	s each receiving over \$	100,000	•			
			ation complete Schedule A? <b>N</b> ession sattach a completed Sch		) organizations and 4947	7(a)(1) nonexempt	► X <sub>Yes</sub>		 ]No
Under per true, corr	nalties of perju	ury, I c	declare that I have examined this return, included peclaration of preparer (other than office	uding accompanying schedules a	nd statements, and to the best of	my knowledge and belief, it is			
			MANNER	261	The second secon	4-30-1	2		
Sign	s s	ignati	ure of Afficer			Date	<del></del>		
Here	F -		NIFER CANFIELD			EXECUTIVE DIRE	CTOR		
		<u> </u>	preparer's name	Preparer's signature ∧ /	Date		TIN		
		-	LA MCCAFFREY, CPA	TYPPON ILLA	1 CA 4-191	_ Check 📙 if		<i>c</i>	
Paid Prepar				IF & VALLEY C	PAS	self employed P	0047648	<u> </u>	
Use Or	E		ess > 143 BARRE STREE	<del></del>		Firm's EIN	03-0300	841	
			<del></del>	05602			2) 223-6		
May th	e IRS disc	cuss	this return with the preparer sh		ctions	, , , , ,	► X Yes		No
						<del></del>	Form <b>99</b>		_

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Employer (dentification number

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

Open to Public

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name o	of the		C HOUSE INC.				-		Employer	ıdentıficat	tion number		
				NSE FOUNDATION				_		758063			
Par		Reason for Pub	lic Charity Status	(All organizations m	iust coi	mplete	this pa	art.) S	ee inst	ruction	ıs.		
The c	rga	•		e it is: (For lines 1 throu	-		•	•					
1	Ш	•		ciation of churches desc		section	1 <b>70(b)</b> (1	χΑχί).					
2	Ш	A school described	in section 170(b)(1)(A	<b>Xii).</b> (Attach Schedule E	.)								
3		A hospital or a coop	perative hospital servi	ce organization describe	d in sect	ion 17 <b>0</b> (	<b>ЬХ1ХА</b> Х	(iii).					
4		A medical research	organization operated	I in conjunction with a ho	ospital di	escribed	ın secti	on 1 <b>70</b> (	<b>Ь)(1)(A)</b> (	iii). Ente	er the hospi	tal's	
		name, city, and sta	te:	<b></b>									
5		<b>170(b)(1)(A)(iv).</b> (C	omplete Part II.)	f a college or university		·	-	_	mental ı	ınıt desc	cribed in sec	tion	
6	Ц	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.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	Ц	•				•							
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	Ц		•	exclusively to test for pul		-			-				
11	Ц	supported organization	nized and operated excluons described in section sation and complete line	sively for the benefit of, to 509(a)(1) or section 509(a) es 11e through 11h	perform (2). See s	the functi section 5	ons of, o 109(a)(3).	r carry o Check t	ut the pu he box th	rposes o lat descri	f one or more bes the type	e publicly of	у
		a Type I		Type III – Function	nally inte	grated		<b>.</b> .	Type III -	– Non-fu	unctionally i	ntegrate	ed
е													
f		If the organization is check this box	received a written dete	rmination from the IRS t	that is a	Туре I,	Type II o	or Type	III suppo	orting or	ganization,		
g		Since August 17, 2	006, has the organizat	ion accepted any gift or	contribu	ution froi	n any of	the foll	owing p	ersons?			
												Yes	No
		(i) A person who below, the go	o directly or indirectly overning body of the su	ontrols, either alone or t pported organization?	ogether	with per	sons de	scribed	ın (II) ar	nd (III)	11 g (i)		
		(ii) A family mem	ber of a person descr	bed in (i) above?							11 g (ii)		
		(iii) A 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	ng information about th	ie 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 ( your go	ls the ration in i) listed in overning ment?	(v) Did yo the organi column (i supp	zation in	colun	ation in nn (i) ed in the	(vii) Amouni sup	of monet port	tary
					Yes	No	Yes	No	Yes	No			
(A)													
(B) _								!					
(C)					-	<u> </u>							
(D) _													
(E)_		·			<u> </u>	<u> </u>	<u></u>						
Total				1 1 1 1									
544	F	Danasuadi Daduat	A -A NI -A:	In America	00 00	~==				<u> </u>			

	edule A (Form 990 or 990-EŽ) 201					<u>'01-0758063</u>	
	Complete only if you checked organization fails to qualify to	ed the box on line!	5. 7. or 8 of Part I	or if the organiza	tion failed to qual	<b>1d 170(b)(1)(A)</b> hify under Part iil. i	( <b>vi)</b> If tne
Sec	tion A. Public Support						
	endar year (or fiscal year inning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	5,000.	7,000.	3,000.	15,000.	91,950.	121,950.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	5,000.	7,000.	3,000.	15,000.	91,950.	121,950.
	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)		.,, 0000	3,000.	13,000.	31,330.	53,437.
6	<b>Public support.</b> Subtract line 5 from line 4						68,513.
Sec	tion B. Total Support					•	
Cale Degi	endar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	5,000.	7,000.	3,000.	15,000.	91,950.	121,950.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			77.1.			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	<b>Total support.</b> Add lines 7 through 10						121,950.
12	Gross receipts from related activ	ities, etc (see instr	uctions)			12	0.
13	First five years. If the Form 990 organization, check this box and	s for the organizati stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ 🗌
	tion C. Computation of Pu						
	Public support percentage for 20		-	11, column (f))		14	56.18%
15	Public support percentage from 2	2011 Schedule A, F	Part II, line 14			15	100.00%
16 a	a 33-1/3% support test — 2012. If to and stop here. The organization	he organization did qualifies as a publi	d not check the bo cly supported orga	x on line 13, and anization	the line 14 is 33-	1/3% or more, che	ck this box
ı	33-1/3% support test — 2011. If the and stop here. The organization	ne organization did qualifies as a publi	not check a box o	on line 13 or 16a, anization	and line 15 is 33-	1/3% or more, che	
17 a	a 10%-facts-and-circumstances test or more, and if the organization in the organization meets the 'facts	neets the 'tacts-an	d-circumstances' 1	lest, check this bi	ox and stop here	Explain in Part IV	% how

**b 10%-facts-and-circumstances test** — **2011.** 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

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

MAGIC HOUSE INC. 101-0758063 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II ) Section A. Public Support (c) 2010 (a) 2008 **(b)** 2009 (e) 2012 (f) Total Calendar year (or fiscal yr beginning in) (d) 2011 Gifts, grants, contributions and membership fees received. (Do not include 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. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5. 7 a 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 **Public support** (Subtract line 7c from line 6.) Section B. Total Support (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal yr beginning in) (a) 2008 **(b)** 2009 (c) 2010 9 Amounts from line 6 10 a 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

13 Total support. (Add Ins 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
ec	tion C. Computation of Public Support Percentage

Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15 Public support percentage from 2011 Schedule A, Part III, line 15  16	~	diam D. Cammudadiam add				
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15	16	Public support percentage from	n 2011 Schedule A, Part III, line	e 15	16	
	15	Public support percentage for 2	2012 (line 8, column (f) divided	by line 13, column (f))	15	

Seç	tion	D.	Com	putation	of	Inv	estm	ent	lnco	me l	Perc	en	tag	ge	
		-													 

17	investment income	percentage for	7 20 12 (line 10c,	column (t) alvic	sea by line 13, column	(I))
----	-------------------	----------------	--------------------	------------------	------------------------	------

18 Investment	income per	centage froi	m <b>2011</b> S	Schedule A,	Part III,	line 17	
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19 :	a 33-1/3% support tests – 2	<b>2012.</b> If the organ	nization did not	check the bo	x on line 14	, and line i	15 is more	than 33-1/3%	, and I	ine 17
	is not more than 33-1/3%,	check this box	and stop here.	The organiza	ition qualifie:	s as a pub	licly suppo	orted organizat	ion	

b 33-1/3% support tests - 2011. 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

17 18

	(Form 990 or 990-EZ) 2012	MAGIC HOUSE	INC.	01-0758063	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; (See instructions).	. Complete this p and Part III, line	art to provide the explanation 12. Also complete this par	s required by Part II, line 10; t for any additional information.	
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	· <b></b>				
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Schedule A (Form 990 or 990-EZ) 2012

BAA

#### 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

Open to Public Inspection

Name of the organization MAGIC HOUSE INC Employer identification number DBA CALL AND RESPONSE FOUNDATION 01-0758063 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE TO PROVIDE AFFORDABLE OPPORTUNITIES FOR PERSONAL GROWTH THROUGH SPORT, THE ARTS, COMMUNITY SERVICE AND EDUCATION WITH SPECIAL FOCUS ON UNDERSERVED POPULATIONS. FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CALL AND RESPONSE FOUNDATION OFFERS SERVICES FOR EXPANSION OF MUSIC, EDUCATION AND EVENTS PRODUCTION WITH EMPHASIS ON UNDERSERVED POPULATIONS. PARTNERSHIPS WITH MUSICIANS AND EDUCATORS IN THE FIELD OF YOGA HAVE BEEN FORMED. FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR (B) INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO FORM 990-EZ, PART V, LINE 33 - ACTIVITIES NOT PREVIOUSLY REPORTED TO THE IRS CALL AND RESPONSE FOUNDATION BEGAN OPERATING UNDER MAGIC HOUSE INC. IN LATE 2011. WE OFFER SERVICES FOR EXPANSION OF SACRED MUSIC, EDUCATION AND EVENTS PRODUCTION WITH AN EMPHASIS ON UNDERSERVED POPULATIONS.

2012	SCHEDULE O - SUPPLEMEN MAGIC HOUSE DBA CALL AND RESPONSI	INC.	PAGE 2 01-0758063
OTHER EXPE	DBA CALL AND RESPONSI PART I, LINE 16 NSES AND PROMOTION RVICES NS MATERIALS	\$ TOTAL \$	2,672. 150. 5,381. 969. 4,694. 29,769. 4,540. 4,925. 53,100.