Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545 0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning Jul 1 **, 2012, and ending** Jun 30 **, 2013**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Onion River Crossroads, Inc.
Doing Business As
Number and street (or P O box if mail is not delivered to street addr): 111 Bliss Road | Room/suite
City, town or country: Montpelier | State: VT | ZIP code + 4: 05602

D Employer Identification Number: 03-0262944
E Telephone number: (802) 229-2606
G Gross receipts $ 651,168.

F Name and address of principal officer: Suzanne Smith 147 E. Cobble Hill Road Barre VT 05641

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►
L Year of Formation 1976 **M** State of legal domicile VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Group home for youths.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	501,925.	638,878.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67.	2,470.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,000.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	501,992.	643,348.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	236,370.	327,429.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	299,773.	287,745.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	536,143.	615,174.
	19	Revenue less expenses Subtract line 18 from line 12	-34,151.	28,174.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	477,193.	516,781.
	21	Total liabilities (Part X, line 26)	355,878.	363,825.
	22	Net assets or fund balances Subtract line 21 from line 20	121,315.	152,956.

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Part II Signature Block

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

Sign Here

Signature of officer | Date 5/1/14

Suzanne Smith
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Lee A. White CPA, PFS, CFP	Lee A. White CPA	04/09/14		P00750923

Firm's name ► WHITE & ASSOCIATES
Firm's address ► 86 SUMMER ST BARRE VT 05641
Firm's EIN ► 04-3366373
Phone no (802) 476-6191

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

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Part III. Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Group home for youths.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If 'Yes,' describe these changes on Schedule O

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

4a (Code) (Expenses $ 615,174. including grants of $ 0.) (Revenue $ 638,878.)

The organization operates a group home, Onion River Crossroads, for troubled youths and is paid by the state of Vermont

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 615,174.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	0			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	8			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3 a Did the organization have unrelated business gross income of $1,000 or more during the year?			3 a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3 b		
4 a 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)?			4 a		X
b If 'Yes,' enter the name of the foreign country ►					
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
6 a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6 b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7 h		
8 ***Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.*** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9 a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?			9 b		X
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10 a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11 a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b				
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			13 a		
Note. See the instructions for additional information the organization must report on Schedule O					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b				
c Enter the amount of reserves on hand	13 c				
14 a Did the organization receive any payments for indoor tanning services during the tax year?			14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			14 b		

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► Shannon Blais 111 Bliss Road Montpelier VT 05602 (802) 476-9626

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Suzanne Smith Co Ex Dir	40.00				X			56,485.	0.	0.
(2) Richard Smith Co Ex Dir	40.00				X			31,568.	0.	0.
(3) Jerry Tillotson President	0.00	X						0.	0.	0.
(4) Shane Oakes Vice President	0.00	X						0.	0.	0.
(5) Sue Viens Secretary	0.00	X						0.	0.	0.
(6) Lori Lockwood Treasurer	0.00	X						0.	0.	0.
(7) Sara Miller Board Member	0.00	X						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organiza-tions below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ►								88,053.	0.	0.
c Total from continuation sheets to Part VII, Section A ►										
d Total (add lines 1b and 1c) ►								88,053.	0.	0.

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

Section	Line		Sub-value	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	638,878.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f					
	g Noncash contributions included in lns 1a-1f	$					
	h Total. Add lines 1a-1f ►			638,878.			
PROGRAM SERVICE REVENUE			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ►						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ►			40.	0.	0.	40.
	4 Income from investment of tax-exempt bond proceeds ►						
	5 Royalties ►						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ►						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory		10,250.				
	b Less cost or other basis and sales expenses		7,820.				
	c Gain or (loss)		2,430.				
	d Net gain or (loss) ►			2,430.	0.	0.	2,430.
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events ►						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities ►						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory ►						
	Miscellaneous Revenue		Business Code				
	11 a Other income		900099	2,000.	2,000.	0.	0.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ►			2,000.			
	12 Total revenue. See instructions ►			643,348.	2,000.	0.	2,470.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	67,638.	67,638.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	173,280.	173,280.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	3,307.	3,307.	0.	0.
9 Other employee benefits	56,874.	56,874.	0.	0.
10 Payroll taxes	26,330.	26,330.	0.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	18,639.	0.	18,639.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses	4,243.	4,243.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	170.	170.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	20,919.	20,919.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,542.	28,542.	0.	0.
23 Insurance	13,874.	13,874.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical	572.	572.	0.	0.
b Staff Recruiting	879.	879.	0.	0.
c Contracted Child Care	29,500.	29,500.	0.	0.
d Education	6,312.	6,312.	0.	0.
e All other expenses	164,095.	164,095.	0.	0.
25 Total functional expenses Add lines 1 through 24e	615,174.	596,535.	18,639.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing	24,535.	1	46,355.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	52,606.	4	53,962.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,152.	9	3,325.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 739,684.			
	b	Less accumulated depreciation — 10b: 326,545.	396,900.	10c	413,139.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	477,193.	16	516,781.
LIABILITIES	17	Accounts payable and accrued expenses	20,990.	17	22,892.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	334,888.	24	340,933.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	355,878.	26	363,825.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	121,315.	27	152,956.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	121,315.	33	152,956.
	34	Total liabilities and net assets/fund balances	477,193.	34	516,781.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	643,348.
2	Total expenses (must equal Part IX, column (A), line 25)	2	615,174.
3	Revenue less expenses Subtract line 2 from line 1	3	28,174.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	121,315.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,467.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	152,956.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
Onion River Crossroads, Inc.	03-0262944

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III – Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)		
(ii)	A family member of a person described in (i) above?	11g (ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)		

h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | %

16a **33-1/3% support test – 2012.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test – 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

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 ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	594,999.	545,765.	538,100.	501,925.	638,878.	2,819,667.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	594,999.	545,765.	538,100.	501,925.	638,878.	2,819,667.
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						
8 **Public support** (Subtract line 7c from line 6)						2,819,667.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	594,999.	545,765.	538,100.	501,925.	638,878.	2,819,667.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,554.	213.	271.	67.	2,470.	5,575.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,554.	213.	271.	67.	2,470.	5,575.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		1.			2,000.	2,001.
13 **Total support.** (Add lns 9 10c, 11, and 12)	597,553.	545,979.	538,371.	501,992.	643,348.	2,827,243.

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** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.73 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	99.88 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0.20 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0.12 %

19 a **33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support tests – 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 ► ☐

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

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

Other Income Part III, Line 12

Description: Miscellaneous Revenue

2009: 1.

2012: 2000.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization: Onion River Crossroads, Inc.

Employer identification number: 03-0262944

Part I — Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $

(ii) Assets included in Form 990, Part X ► $

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

a Revenues included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

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

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

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

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1 c	
d Additions during the year	1 d	
e Distributions during the year	1 e	
f Ending balance	1 f	

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

b If 'Yes,' explain the arrangement in Part XIII Check here if the explantion has been provided in Part XIII ☐

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

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

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

a Board designated or quasi-endowment ► ______ %

b Permanent endowment ► ______ %

c Temporarily restricted endowment ► ______ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		6,028.		6,028.
b Buildings		593,229.	229,911.	363,318.
c Leasehold improvements				
d Equipment		67,022.	56,356.	10,666.
e Other		73,405.	40,278.	33,127.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				413,139.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements		1	643,348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	643,348.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*		5	643,348.

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

1	Total expenses and losses per audited financial statements		1	615,174.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	615,174.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*		5	615,174.

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
Onion River Crossroads, Inc.	03-0262944

Pt VI, Line 7a Yes, the stockholders elect the governing board.

Pt VI, Line 7b Decisions of the governing body is subject to approval by members.

Pt VI, Line 11b The accountant prepares the 990 and gives a copy to the governing body to review. After they review the 990 they sign it and mail it in.

Pt VI, Line 12c Any conflicts are noted at each meeting and dealt with at that time.

Pt VI, Line 15a The organization uses comparability data along with comparing local area organizations compensation to make their determination.

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545 0172

2012

Attachment Sequence No 179

Name(s) shown on return	Identifying number
Onion River Crossroads, Inc.	03-0262944

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	20,019.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property		973.	3.0 yrs	HY	S/L	162.
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		12,766.	15.0 yrs	HY	S/L	426.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27.5 yrs	MM	S/L	
property			27.5 yrs	MM	S/L	
i Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	

Section C — Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	7,935.
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	28,542.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.)*

24 a Do you have evidence to support the business/investment use claimed? X Yes ☐ No **24b** If 'Yes,' is the evidence written? X Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
Dodge Durango	09/01/06	100.00	18,595.	18,595.	5.00	SL-HY	0.	
2008 Chevy Suburban	07/11/08	100.00	39,100.	39,100.	5.00	SL-HY	4,504.	
2013 Durango	03/01/13	100.00	34,305.	34,305.	5.00	SL-HY	3,431.	
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28	7,935.	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Federal Basis

04/07/14
08 23AM

Onion River Crossroads, Inc.
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 06/30/13

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/12	Current Depreciation	Accum Depr 06/30/13
150 Land									
86	Land	01/01/80	LAND	00/00	N	6,028 00	0 00	0 00	0 00
	Total for (Land)					6,028 00	0 00	0 00	0 00
151 Building									
1	Building	01/01/80	ST LINE	25/00	N	56,500 00	56,500 00	0 00	56,500 00
2	Improvements	06/30/81	ST LINE	15/00	N	39,040 00	39,040 00	0 00	39,040 00
3	Enerteck Control	07/01/89	ST LINE	10/00	N	1,555 00	1,555 00	0 00	1,555 00
4	Benedini Water	01/01/90	ADS LAND I	20/00	N	826 00	826 00	0 00	826 00
5	Improvements	01/01/90	LAND IMPRV	20/00	N	5,949 00	5,782 02	0 00	5,782 02
6	Improvements	01/01/91	LAND IMPRV	20/00	N	3,676 00	3,559 95	0 00	3,559 95
7	Improvements	08/01/91	LAND IMPRV	20/00	N	935 00	935 00	0 00	935 00
8	Carpeting	12/31/91	ADS TANG	07/00	N	3,149 00	3,149 00	0 00	3,149 00
9	Carpeting	11/01/92	ADS TANG	07/00	N	1,000 00	1,000 00	0 00	1,000 00
10	Sundown corp - Improvements	08/31/93	LAND IMPRV	27/00	N	3,500 00	2,407 62	128 52	2,536 14
11	Capital Imrovements	11/30/93	LAND IMPRV	27/00	N	1,759 00	1,202 38	65 48	1,267 86
12	Building Improvements	01/01/96	SL REAL	39/00	N	46,532 00	19,636 12	1,193 16	20,829 28
13	Building doors	10/28/97	SL REAL	39/00	N	370 00	137 13	9 59	146 72
14	Building Improvements	02/28/98	SL REAL	39/00	N	7,376 00	2,718 06	189 15	2,907 21
15	Improvements	07/13/98	SL REAL	39/00	N	1,095 00	391 63	28 09	419 72
16	Kitchen & Bedroom Improvements	05/17/99	SL REAL	39/00	N	6,650 00	2,240 01	170 43	2,410 44
17	Roof Repairs	06/30/99	SL REAL	39/00	N	1,750 00	585 90	44 84	630 74
18	Septic System	07/01/99	SL REAL	39/00	N	26,354 00	8,757 83	675 69	9,433 52
19	Water System	11/16/99	SL REAL	39/00	N	4,744 00	1,537 13	121 59	1,658 72
20	New Doors	12/15/99	ST LINE	07/00	N	780 00	779 43	0 00	779 43
21	Building Improvements	12/30/99	ST LINE	10/00	N	5,410 00	5,410 00	0 00	5,410 00
22	Barn Improvements	09/30/00	SL REAL	39/00	N	2,340 00	707 09	60 02	767 11
23	Roof Improvements	05/10/01	SL REAL	39/00	N	1,016 00	289 44	26 06	315 50
25	Pool / Deck / Improvements	05/31/01	SL REAL	39/00	N	5,789 00	1,650 29	148 47	1,798 76
24	Driveway Repaving	07/05/01	SL REAL	39/00	N	3,800 00	1,079 21	97 03	1,176 24
26	Pool Fencing	08/10/01	SL REAL	39/00	N	926 00	259 02	23 71	282 73
27	Roof	08/31/01	SL REAL	39/00	N	6,477 00	1,805 63	166 09	1,971 72
28	Pool Deck	10/07/01	SL REAL	39/00	N	996 00	274 50	25 50	300 00
29	Barn	10/23/01	SL REAL	39/00	N	441 00	120 31	11 34	131 65
30	Building siding	08/01/03	SL REAL	39/00	N	14,370 00	3,269 39	368 48	3,637 87
31	Drainage	08/18/03	SL REAL	39/00	N	3,500 00	797 04	89 72	886 76
32	Riding Ring & parking area	09/07/04	SL REAL	39/00	N	2,680 00	535 11	68 73	603 84
33	Labor JJC Co	09/09/04	SL REAL	39/00	N	2,166 00	432 78	55 54	488 32
34	Labor JJC Co	10/18/04	SL REAL	39/00	N	738 00	145 51	18 93	164 44
35	Labor JjC Co	11/15/04	SL REAL	39/00	N	220 00	43 41	5 63	49 04
36	Dishwasher Prep	12/16/04	SL REAL	39/00	N	454 00	87 55	11 65	99 20
37	Flooring	12/20/04	ST LINE	07/00	N	2,383 00	2,383 00	0 00	2,383 00
38	Labor JJC Co	01/03/05	SL REAL	39/00	N	2,880 00	550 88	73 84	624 72
39	Remodeling	02/01/05	SL REAL	39/00	N	3,222 00	609 30	82 62	691 92
40	Remodeling	03/03/05	SL REAL	39/00	N	2,273 00	424 96	58 28	483 24
41	Remodeling Bathroom	03/14/05	SL REAL	39/00	N	3,665 00	684 89	93 99	778 88

Onion River Crossroads, Inc.
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 06/30/13

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/12	Current Depreciation	Accum Depr 06/30/13
151 Building									
42	Remodeling	03/29/05	SL REAL	39/00	N	2,717 00	507 72	69 68	577 40
43	Carpeting	05/12/05	ST LINE	05/00	N	1,442 00	1,377 65	0 00	1,377 65
44	Carpeting	05/26/05	ST LINE	05/00	N	532 00	508 26	0 00	508 26
87	Drain Pond - GM Bowen	08/13/05	SL REAL	39/00	N	2,560 80	451 41	65 66	517 07
88	First Light Construction	06/20/06	SL REAL	39/00	N	2,874 74	445 33	73 71	519 04
90	Major capital improvements	05/01/07	SL REAL	39/00	N	82,120 96	10,791 55	2,105 67	12,897 22
98	BARN FOUNDATION	08/01/07	ST LINE	10/00	N	9,333 00	5,693 99	661 64	6,355 63
99	HAYLIFT DEPOSIT	08/01/07	ST LINE	10/00	N	644 00	392 90	45 65	438 55
95	BARN	10/08/07	SL REAL	39/00	N	113,877 10	13,748 00	2,919 92	16,667 92
104	Window Case/Build front porch	07/23/09	ST LINE	27/00	N	3,319 00	390 97	119 51	510 48
105	Closet/shelf	08/31/09	ST LINE	07/00	N	1,049 58	523 82	116 84	640 66
108	Carpeting	03/10/11	ST LINE	15/00	N	3,900 00	390 00	260 00	650 00
110	New Kitchen	05/04/11	ST LINE	15/00	N	19,000 00	1,900 00	1,266 67	3,166 67
111	Kitchen Remodel	06/20/11	ST LINE	15/00	N	7,000 00	700 00	466 67	1,166 67
117	Kitchen Remodel	07/27/11	ST LINE	15/00	N	15,660 40	522 01	1,044 03	1,566 04
118	Kitchen Remodel	08/14/11	ST LINE	15/00	N	13,085 37	436 18	872 36	1,308 54
119	Kitchen Remodel	09/22/11	ST LINE	15/00	N	2,523 32	84 11	168 22	252 33
120	Kitchen Remodel	10/12/11	ST LINE	15/00	N	2,158 35	71 94	143 89	215 83
121	Basement remodel	12/29/11	ST LINE	15/00	N	1,981 72	66 06	132 11	198 17
122	Kitchen Remodel	01/12/12	ST LINE	15/00	N	1,026 47	34 22	68 43	102 65
123	Basement Remodel	01/19/12	ST LINE	15/00	N	8,653 00	288 43	576 87	865 30
124	Basement Remodel	02/03/12	ST LINE	15/00	N	3,464 25	115 47	230 95	346 42
125	Basement Remodel	03/14/12	ST LINE	15/00	N	2,253 50	75 12	150 23	225 35
130	Building Improvements	03/22/13	ST LINE	15/00	N	6,737 92	0 00	224 60	224 60
128	Room renovations	04/03/13	ST LINE	15/00	N	6,028 36	0 00	200 95	200 95
	Total for (Building)					593,228 84	213,814 66	16,096 43	229,911 09
155 Equipment									
45	John Deere Equipment	01/01/89	ADS TANG	10/00	N	1,572 00	1,572 00	0 00	1,572 00
46	Various Equipment	07/01/89	ADS TANG	05/00	N	2,088 00	2,088 00	0 00	2,088 00
47	John Deere Equipment	09/30/89	ADS TANG	10/00	N	400 00	400 00	0 00	400 00
48	Ormsby Equipment	01/15/90	ADS TANG	10/00	N	207 00	207 00	0 00	207 00
49	Ormsby Equipment	05/31/90	ADS TANG	10/00	N	730 00	730 00	0 00	730 00
50	Computer	06/03/90	ST LINE	05/00	N	3,156 00	3,156 00	0 00	3,156 00
51	Equipment	10/31/90	ST LINE	10/00	N	725 00	725 00	0 00	725 00
52	Chainsaw	01/01/91	ST LINE	10/00	N	286 00	286 00	0 00	286 00
53	Lash Furniture	09/01/92	ST LINE	07/00	N	5,500 00	5,500 00	0 00	5,500 00
54	Demers Equipment	01/31/94	ST LINE	05/00	N	395 00	395 00	0 00	395 00
55	Suzanne Smith - Equipment	03/31/94	ST LINE	07/00	N	125 00	125 00	0 00	125 00
56	Lash Furniture	07/31/94	ST LINE	07/00	N	200 00	200 00	0 00	200 00
57	Sears Equipment	09/30/94	ST LINE	07/00	N	189 00	189 00	0 00	189 00
58	Computer - Capitol Acctg	05/31/95	ST LINE	05/00	N	2,364 00	2,364 00	0 00	2,364 00
59	Sears Equipment	06/30/95	ST LINE	07/00	N	500 00	500 00	0 00	500 00
60	Suzanne Smith - Equipment	06/30/95	ST LINE	07/00	N	497 00	497 00	0 00	497 00
61	Pearl Motors	10/30/97	ST LINE	05/00	N	27 00	27 00	0 00	27 00

Onion River Crossroads, Inc.
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 06/30/13

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/12	Current Depreciation	Accum Depr 06/30/13
155 Equipment									
62	Chansaw Steve Rich	06/14/98	ST LINE	05/00	N	66 00	66 00	0 00	66 00
63	John Deere Tractor	07/27/98	ST LINE	05/00	N	500 00	500 00	0 00	500 00
64	Refrigerator	08/10/99	ST LINE	07/00	N	214 00	213 65	0 00	213 65
65	Computer & Monitor	11/27/99	ST LINE	05/00	N	737 00	737 00	0 00	737 00
66	Fax Machine	01/30/00	ST LINE	05/00	N	189 00	189 00	0 00	189 00
67	Dishwasher	02/16/00	ST LINE	05/00	N	508 00	508 00	0 00	508 00
68	HP Deskjet Printer	10/31/00	ST LINE	05/00	N	157 00	157 00	0 00	157 00
69	Dryer	11/16/00	ST LINE	05/00	N	612 00	612 00	0 00	612 00
70	HP Deskjet Printer	11/21/00	ST LINE	05/00	N	105 00	105 00	0 00	105 00
71	Alarm System	05/24/01	ST LINE	05/00	N	3,749 00	3,670 94	0 00	3,670 94
72	File Cabinet	06/30/01	ST LINE	07/00	N	105 00	101 43	0 00	101 43
73	Dishwasher	04/24/02	ST LINE	05/00	N	400 00	400 00	0 00	400 00
74	Air Conditioner	07/23/02	ST LINE	05/00	N	270 00	270 00	0 00	270 00
75	Refrigerator	04/02/03	ST LINE	05/00	N	869 00	840 32	0 00	840 32
76	Furniture	07/17/03	ST LINE	07/00	N	2,606 00	2,606 00	0 00	2,606 00
77	Alarm Control Instrument	05/12/04	ST LINE	07/00	N	3,133 00	2,936 96	0 00	2,936 96
78	Twin City Equipment	09/10/04	ST LINE	07/00	N	655 00	655 00	0 00	655 00
79	Dishwasher	12/06/04	ST LINE	07/00	N	410 00	410 00	0 00	410 00
80	Refrigerator	12/10/04	ST LINE	07/00	N	735 00	735 00	0 00	735 00
81	Computer	12/17/04	ST LINE	05/00	N	1,655 00	1,655 00	0 00	1,655 00
82	Telephone	02/16/05	ST LINE	07/00	N	223 00	223 00	0 00	223 00
83	Vacuum Cleaner	05/10/05	ST LINE	05/00	N	149 00	149 00	0 00	149 00
89	P&S New Furniture	03/29/06	ST LINE	07/00	N	3,113 50	2,974 56	138 94	3,113 50
91	Sears-airconditioners	08/02/06	ST LINE	07/00	N	549 98	476 35	49 09	525 44
92	Sears-freezer	11/13/06	ST LINE	07/00	N	386 26	334 55	34 47	369 02
93	Walmart-vacuum	12/12/06	ST LINE	07/00	N	155 01	134 26	13 83	148 09
96	TRACTOR	11/29/07	ST LINE	10/00	N	7,033 83	4,291 28	498 65	4,789 93
97	HARVEST EQUIPMENT	11/29/07	ST LINE	10/00	N	1,000 00	610 09	70 89	680 98
100	STOVE	02/26/08	ST LINE	05/00	N	574 99	541 87	33 12	574 99
101	LAWN TRACTOR	05/02/08	ST LINE	05/00	N	252 86	238 30	14 56	252 86
102	Refrigerator	02/27/09	ST LINE	05/00	N	229 99	190 25	26 49	216 74
106	Basement Flooring	01/26/10	ST LINE	07/00	N	1,593 37	795 20	177 37	972 57
107	Fire Alarm	03/26/10	ST LINE	07/00	N	8,575 00	4,279 55	954 54	5,234 09
112	20 Mower	07/25/10	ST LINE	05/00	N	133 00	50 24	23 65	73 89
113	Plow	10/14/10	ST LINE	05/00	N	2,500 00	944 44	444 45	1,388 89
115	Vacuum Cleaner	02/08/11	ST LINE	05/00	N	722 37	272 89	128 42	401 31
116	Gas Grill	06/02/11	ST LINE	05/00	N	328 58	124 13	58 41	182 54
126	Laptop Computer	08/09/11	ST LINE	05/00	N	633 88	63 39	126 78	190 17
127	Maytag Dryer	12/20/11	ST LINE	05/00	N	603 29	60 33	120 66	180 99
133	Dishwasher	06/24/12	ST LINE	05/00	N	655 13	65 51	131 03	196 54
131	Computer	08/20/12	ST LINE	03/00	N	856 46	0 00	142 74	142 74
132	Computer Screen	09/04/12	ST LINE	03/00	N	116 59	0 00	19 43	19 43
	Total for (Equipment)					67,022 09	53,148 49	3,207 52	56,356 01

156 Vehicle

Onion River Crossroads, Inc.
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 06/30/13

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/12	Current Depreciation	Accum Depr 06/30/13
156 Vehicle									
94	Dodge Durango	09/01/06	SL SUV	05/00	Y	18,595 00	18,595 00	0 00	18,595 00
103	2008 Chevy Suburban	07/11/08	SL SUV	05/00	N	39,100 00	32,343 52	4,504 32	36,847 84
109	Durango	09/13/10	ST LINE	05/00	Y	14,663 00	5,539 36	1,303 38	6,842 74
129	2013 Durango	03/01/13	SL SUV	05/00	N	34,305 00	0 00	3,430 50	3,430 50
	Total for (Vehicle)					106,663 00	56,477 88	9,238 20	65,716 08
	Client Subtotal Before Sales					772,941 93	323,441 03	28,542 15	351,983 18
	Less Assets Sold					33,258 00			25,437 74
	Total					739,683 93	323,441 03	28,542 15	326,545 44

Supporting Statement of:

Form 990 p 10/Line 9 col (B)

Description	Amount
Health Insurance	37,564.
HSA	11,833.
Dental Insurance	6,068.
Life Insurance	1,409.
Total	56,874.

Supporting Statement of:

Form 990 p 10/Line 17 col (B)

Description	Amount
Staff travel	95.
Client travel	75.
Total	170.

Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet

To enter assets, **QuickZoom** to Asset Entry Worksheet
To view a calculated report of all depreciation information for Form 990, **QuickZoom** to the Depreciation/Amortization Report
QuickZoom to Form 4562 for Form 990

The following items carry to line 22 below:

	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A	Depreciation	28,542.	28,542.	0.	0.
B	Depletion				
C	Amortization				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Food	41,960.	41,960.	0.	0.
Household Supplies	11,925.	11,925.	0.	0.
Bank Charges	21.	21.	0.	0.
Property Taxes	11,211.	11,211.	0.	0.
Building Repair & Maintenance	19,587.	19,587.	0.	0.
Rubbish Removal	2,510.	2,510.	0.	0.
Extermination	607.	607.	0.	0.
Electricity	5,219.	5,219.	0.	0.
Telephone	6,533.	6,533.	0.	0.
Fuel Oil	7,776.	7,776.	0.	0.
Automobile Expense	25,769.	25,769.	0.	0.
Furnishings	2,917.	2,917.	0.	0.
Clothing	10,169.	10,169.	0.	0.
Allowances	1,988.	1,988.	0.	0.
Recreation	12,003.	12,003.	0.	0.
Horse Expense	305.	305.	0.	0.
Gifts	673.	673.	0.	0.
Administrative	480.	480.	0.	0.
Misc. expense	2,442.	2,442.	0.	0.

Supporting Statement of:

All Other Expenses/Line 24e col (B) -5

Description	Amount
Building repair & maintenance	16,292.
Grounds maintenance	3,295.
Total	19,587.

Supporting Statement of:

Form 990 p 11/Line 1, column (A)

Description	Amount
CNB Business Account	15,843.
CNB House Account	2,303.
CNB Certificate of Deposit	6,389.
Total	24,535.

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
CNB Business account	37,386.
CNB House account	2,560.
CNB Certificate of deposit	6,409.
Total	46,355.

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
Accounts Payable	3,799.
Medicare W/H	503.
FICA W/H	1,803.
FIT W/H	1,627.
VT Inc Tax W/H	1,511.
SUTA Payable	2,128.
Accrued Payroll	4,200.
Accrued Vacation	5,420.
Rounding	-1.
Total	20,990.

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
Medicare w/h	625.
FICA w/h	2,672.
FIT w/h	1,964.
VT Inc Tax w/h	1,752.
SUTA payable	3,135.

Continued

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
Accrued payroll	5,341.
Accrued vacation	7,403.
Total	22,892.

Supporting Statement of:

Form 990 p 11/Line 24, column (A)

Description	Amount
CNB Loan	319,388.
VEDA Loan	15,500.
Total	334,888.

Supporting Statement of:

Form 990 p 11/Line 24, column (B)

Description	Amount
Ally car loan	21,839.
CNB loan	305,657.
VEDA loan	13,437.
Total	340,933.

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
Vehicles	73,405.
Total	73,405.

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
A/D Vehicles	40,278.
Total	40,278.