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Form **990**

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. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	he 2012 calen	dar year, or tax	year begint	ning Jul	. 1	, 2012	, and en	ding	Jun			, 2013		
В	Check	ıf applicable	C Name of organ	inzation O.U	.R. Hou	ise of Ce	ntral V	ermon	it,	Inc	D Emplo	yer Ider	ntification Nu	ımber	
	Ad	ddress change	Doing Business										4723	_	
	Na	lame change	Number and st	reet (or P O. bo	x if mail is no	delivered to stree	t addr)	Ro	om/suit	е	E Teleph	none nur	nber		
	In	nitial return	38 Summer	Street				Ba	arre	•	(80	2) 4	476-88	25	
	Te	erminated	City, town or co	ountry			State	ZIP code	+ 4						
	Ar	mended return	Barre				VT	0564	1		G Gross	receipts	\$ 109	,665.	
	AF	pplication pending	F Name and add	ress of principal	l officer:				H(a) is this	a group retu	rn for at	ffiliates?	Yes	X No
			Will Robert	s 38 Sur	mmer St	Barre	V'	г 0564	1 40	b) Are ali	affiliates ind attach a list	cluded?	etructione)	Yes	No
ī	Tax-	exempt status	X 501(c)(3)	501(c) ((insert no.)	4947(a)(1) or	527	7	11 110,	attacii a iisi	(300 11	isu ucuons)		
J	We	bsite: ► N/	'A						H(c) Group	exemption r	umber I	>		
K	Form	n of organization.	X Corporation	Trust	Association	Other >	L	Year of For	mation	198	9 M	State of	legal domici	le: VT	
Pa	irt læ	Summar	v			11						•			
	1	Briefly descri	be the organiza	tion's missic	on or most	significant act	ivities: Ad	dvocat	tes-	Sexu	al Abı	ıse	Victim	ıs	
a	í														
Ĕ	Ì														
Governance	}														
8	2	Check this bo				ied its operation		sed of m	nore t	han 25°	% of its n	et ass	ets.		
	_		ting members o	-		•	•	.i.	ЮĽ	· /		3_)		12
es	1		dependent voting of individuals e	_	-				F		IVE	4	 		12
Activities &			of volunteers (e									5 60	 		2
달			ed business reve						. M	4Y 2	1 2014	TŠ.	 		0.
			business taxab		-						*	172			
								1	Q)DER	rjor Year		Curr	rent Yea	ar
_	8	Contributions	and grants (Pai	rt VIII, line 1	h)						104,			109,	641.
Revenue			rice revenue (Pa									203.			
Ş.	10	Investment in	come (Part VIII,	, column (A)), lines 3, 4	, and 7d)			. [50.			24.
ď			e (Part VIII, colu						_ ⊢						
			– add lines 8 t						_		111,2	290.		109,	665.
			mılar amounts p	-	-				-				ļ		
		•	to or for member						-				ļ		
ø	15	Salaries, other	er compensation	i, employee	benefits (P	art IX, column	ı (A), lines (5-10)			71,	795.		83,	290.
Expenses	16 a	Professional f	fundraising fees	(Part IX, co	olumn (A), l	ıne 11e)			[<u>.</u>					
tbe	ь	Total fundrais	ing expenses (F	Part IX, colu	mn (D), lin	e 25) ►	2	1,030).			**	**		
<u> </u>	17	Other expens	es (Part IX, colu	ımn (A), line	es 11a-11d	11f-24e)					44,5	571.		31.	946.
			es. Add lines 13								116,3			115,	
		•	expenses. Subt	-	-				[-5,0				571.
8 8			 							Beginnin	g of Currer		End	of Year	
a la	20	Total assets (Part X, line 16)						[124,3			131,	247.
Net Assets Fund Balanc	21	Total liabilities	s (Part X, line 2	6)					. [19,9	86.			469.
žā	22	Net assets or	fund balances.	Subtract line	e 21 from l	ine 20					104,3	356.		115,	778.
Pa	rt II 🖁	Signatur	e Block												
			clare that I have exa rer (other than office	mined this retur	rn, including ac	companying sched	dules and state	ments, and	to the I	best of my	y knowledge	and bel	lief, it is true,	correct, a	and
comp	lete. De	eclaration of prepa	rer (other than officer	r) is based on a	II information	of which preparer b	nas any knowle	dge 							
		X/4/	we for	es							5/1	4/14	/		
Sig	n	Signatur	re of officer	•						Dai	te /				
Hei	re		l Roberts												
			print name and title.												
		Print/Type pi	reparer's name		Preparer's sig	nature	- 4 4	Date		1	Check	_ #	PTIN		
Pai	d	Lee A.	White CPA, I	PFS, CFP	Read	Culita	COA	05/12	2/14	1	self-employ	eď	P00750	1923	
Pre	pare		► WHITE	& ASSOC	IATES								_		
Us	e Onl	y Firm's addre	ss 86 SUM	MER ST							Firm's EIN	<u>► 04</u>	<u>-33663</u>	73	
			BARRE			v	T 0564	1]	Phone no.	(802	2) 476	-6191	L
May	the IF	RS discuss this	s return with the	preparer sl	hown above	e? (see instruc	ctions) .						. X Yes		No
BAA	For	Paperwork Re	duction Act No	tice, see the	e separate	instructions.		T	EEA01	01 05/09	9/13		For	m 990 ((2012)

	se of Central Vermont, Inc	03-0324723	Page 2
DEBUG CALLO TO BE LINEAR	am Service Accomplishments		
	tains a response to any question in this Part III	<u> </u>	
 Briefly describe the organization 			
Advocates-Sexual Ab	ouse_Victims		
		· 	
2 Did the organization undertake a	any significant program services during the year which were not I	isted on the prior	
Form 990 or 990-EZ? .		Yes	X No
If 'Yes,' describe these new serv	vices on Schedule O.	_	_
3 Did the organization cease cond	ducting, or make significant changes in how it conducts, any prog	ram services? . Yes	X No
If 'Yes,' describe these changes	on Schedule O.		_
Section 501(c)(3) and 501(c)(4)	gram service accomplishments for each of its three largest progra organizations and section 4947(a)(1) trusts are required to report revenue, if any, for each program service reported.	im services, as measured by expert the amount of grants and allocated the amount of grants and allocated the services are services.	enses. tions to
4a (Code:) (Expenses	\$ 73,483. including grants of \$	0.) (Revenue \$ 109	. 641.
	tral Vermont, Inc. hosted 57 investigat		<u> </u>
	artment for Children and Families inves		
Manager provided co	unseling support with 56 non-offending	family members/caret	akers
and conducted 60 fo	llow up calls with the families of chil	dren being interview	ed.
	m conducted 27 presentations with 43 chi		Staff
members responded t	o 152 requests for information or refer	rals_by_telephone.	
			-
			- -
It (Oats)	C maturing grants of C) /Davanua C	
b (Code:) (Expenses			'
~-~			
c (Code:) (Expenses	\$ including grants of \$) (Revenue \$)
			- -
d Other program services. (Describ	be in Schedule O.)		
(Expenses \$	including grants of \$) (Reve	enue \$	
le Total program service expenses	- <u></u>		
AA	TEEA0102 08/08/12	Form 9	90 (2012)

, , , , , , , , , , , , , , , , , , ,	instal all officialist of frequence control and		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
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		х
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.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
1	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	11 Ь		х
•	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	11 c		х
(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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
. 1	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	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
1	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	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		Х
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		х
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		х
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		х
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		х
	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		х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	[X
Ŀ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь	1	

Part IV Checklist of Required Schedules (continued)

Yes No Х 21 Х 22 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 23 Х Schedule J X 24a **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 24c 24d 25a Х 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 25b Х 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 Х 27 Х 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): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV ... 28a 28b Х 28c Х X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, 34 X $\overline{\mathbf{x}}$ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х 35b Х 36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O 38 Form 990 (2012) BAA

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Rant V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V	<u> </u>		
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0	(秦)人	经产生
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	e gaming 1 (X	*
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	100 m	1465	
ments, filed for the calendar year ending with or within the year covered by this return 2a	2		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2t	X	İ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other author	ıtv over. a		
financial account in a foreign country (such as a bank account, securities account, or other financial account	t)? 4a	<u> </u>	Х
b If 'Yes,' enter the name of the foreign country. ►	rich L	172	
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accour	ıts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	nization		
solicit any contributions that were not tax deductible as charitable contributions?	6a	ĺ	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or g	ufts were	 	
not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	2	15.5	144
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a	and	1	
services provided to the payor?	7a	-	Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi	red to file	-	
Form 8282?	. 7с	1	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		15.48	1
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? . 7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 889	99		
as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	e a 		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization	s. Did the		
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busi	iness	102.4	2.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3
holdings at any time during the year?	· · · · <u>8</u>	7 123	X
9 Sponsoring organizations maintaining donor advised funds.	<u> </u>		7. 7. W
a Did the organization make any taxable distributions under section 4966?	<u>9</u> a	ļ	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:	1	X 7	
a Initiation fees and capital contributions included on Part VIII, line 12 10a	k*	(P. 14)	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	4
11 Section 501(c)(12) organizations. Enter:	[§*: 3		
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources	HAT LAND	** . **	
against amounts due or received from them.)		1	أحصا
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	12a		7.15
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		r ² \	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	عنيف ا	تغذ	. 0°
a Is the organization licensed to issue qualified health plans in more than one state?	13a	اا	
Note. See the instructions for additional information the organization must report on Schedule O.	The said	医碱	\$ c 2
b Enter the amount of reserves the organization is required to maintain by the states in		, ,,	, , , , , , , , , , , , , , , , , , ,
which the organization is licensed to issue qualified health plans 13b	Pad s (la	7.7%	in it
c Enter the amount of reserves on hand		-, %	<u>. ,)</u>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	1 _ 1	X

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.

Form 990 (2012)

Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 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. b Enter the number of voting members included in line 1a, above, who are independent 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Χ 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 Х 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? . Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 86 Х 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 Х 10 a b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a 學出界工作 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12_b X to conflicts? . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done X 13 14 X 14 Did the organization have a written document retention and destruction policy? 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? 15 a Х 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a 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 List the states with which a copy of this Form 990 is required to be filed 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. Other (explain in Schedule O) X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Montpelier VT 05602 (802) 476-9626

111 Bliss Road ___

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Shannon Blais

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Form 990 (2012)	O. II. R.	House	οf	Central	Vermont.	Inc

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Part VIII 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 employees.'
- 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	n nor any r	elated	org	janiz	atic	n com	npen	sated any current office	cer, director, or truster	e
				((;)					
(A) Name and Title	(B) Average hours per week (list any hours	one bo offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensor	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza tions below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	thé organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Karen Lauzon	5.00							į	}	
President		Х						0.	0.	0.
(2) Regan Howard	5.00							}		
Treasurer		X						0.	0.	0.
(3) Joby Feecia	5.00									
Board Member		Х						0.	0.	0.
(4) Catherin Harris	5.00								ł	
Board Member	<u> </u>	X						0.	0.	0.
(5) Tom Kelly	5.00					1			ĺ	
Board Member		X						0.	0.	0.
(6) Holly Leach	5.00		ĺ			[[
Board Member	<u> </u>	Х						0.	0.	0.
	5.00							[
Board Member		X						0.	0.	0.
(8) David Orrick	5.00							ļ		
Board Member	ļ	X						0.	0.	0.
(9) Heather Silk	5.00							ļ		
Board Member	l	X						0.	0.	0.
(10) Katie Sweeney	5.00							į		
Board Member	<u> </u>	X						0.	0.	0.
(11) Kerrie E. Greig	40.00									
Case Manager	<u> </u>			X				27,503.	0.	0.
(12) William Roberts	40.00									
Executive Director		X						45,666.	0.	0.
(13)										
(14)										

\$100,000 in compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

		Check if Schedule O	contains a respo	onse to any question	on in this Part VIII .	<u></u> <u>.</u> . <u>.</u>		<u> </u>
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			雄"像为种	第一部本語	·	revenue		512, 513, or 514
CONTRIBUTIONS, CIFTS, GRANTS AND OTHER SIMILAR AMOUNTS!	1:	a Federated campaigns	1а		SELECTION OF THE REST		L. L. A. Phi. K.	wat And Y
종등	ı	b Membership dues	. 1b					
ર્જે ફ	(Fundraising events	1c	3,487.			Mar Mas II	
등		d Related organizations						
ž į	١,	e Government grants (contributi		103,042.			AND THE PROPERTY AND THE	
戸ᅂ		-		103,042.	13.46			
显置	1	f All other contributions, gifts, q similar amounts not included	grants, and	2 110				
E 0	١.	g Noncash contributions include	<u> </u>	3,112.		日本中央部署 化自由中央电影的开关器 第二	The state of the s	The same with the state of the same of the
ਤੂ ₹	1	_	· ·					
		Total. Add lines 1a-1f.			109,641.			
			-	Business Code		200 20 20 20 20 20		a verse state of
Æ	2 8	¹					 	
띬	1)						·
줊	(<u> </u>	<u> </u>		
S	•	! 				ļ. ————————————————————————————————————		
ਫ਼	€					<u> </u>		
PROGRAM SERVICE REVENUE	f	All other program service	e revenue[
<u> </u>	ç	Total. Add lines 2a-2f	· · · · · · · · · · · · · · · · · · ·	▶		Transmission of the		的 的意识。
	3	Investment income (incl	uding dividends	, interest and				
	_	other similar amounts)				0.	0.	24.
	4	Income from investment			ļ			
	5	Royalties			Sec. 275, and a self-sec. page 1 year of a self-self-section	AT AND PROPERTY AND A STREET OF A STREET O	5 (45) -4 2-200 (7) (7) (800 (4 - 4 200)) (4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Salahan Salahani Yang penering kanana
	_		(i) Real	(ii) Personal				
		Gross rents		<u> </u>				
		Less: rental expenses						
		: Rental income or (loss)		<u> </u>	700 - 200 - 200	egatin tuti	Continue to	
	C	Net rental income or (lo		<u></u> . ▶				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory				The state of the s		
j	t	Less: cost or other basis			of the value of the second			14 May 1945
		and sales expenses						
		Gain or (loss)		<u></u>		THE STATE OF THE S		为强烈的不够的关系
	C	Net gain or (loss)	• • • • • • • • • • • • • • • • • • • •	. <u></u>	and the services was been a	100 A D 2 0 000 00 00 00 00 00 00 00 00 00 00 0		Prison (P. L) Commercial Manager San
ш	8 a	Gross income from fund	raising events					
릚		(not including \$	3,487.					
<u> </u>		of contributions reported	l on line 1c).			No. 2. I had		
8		See Part IV, line 18 .	8	a				
OTHER REVENU	b	Less: direct expenses .	ł	ol	tin was but to	建筑设施 数据数	25.00 Jan 190 Jan	1. 数字数字数
0	C	: Net income or (loss) from	m fundraising ev	vents ►		1-17, - 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9 a	Gross income from gam See Part IV, line 19	ing activities.	1	學學學等			"你说,就是
				3	· 一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	2011至于道16集	The second	3.4%、增/覆/截
1		Less: direct expenses .		·				
j	C	: Net income or (loss) from	m gaming activit	ti <u>es</u> ►				
	10 a	Gross sales of inventory and allowances	, less returns		1. 我 我心脏人	人名 英字章 勝	李章 李章	
ı				* 	Calenta San Line Arch			4
ļ		Less: cost of goods sold		<u> </u>	**************************************	3. 40 M. 12. 1. 10		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ļ		Net income or (loss) from		 			THE RESERVE	<u> </u>
ļ		Miscellaneous Revenu	16	Business Code	A. A.			
1	11 a							·
	D	' 			<u> </u>			
	C	; 						
		All other revenue	· ··· ·· [-, 41
Ì	_	Total. Add lines 11a-11d		.				**************************************
	12	Total revenue. See instr	uctions	<u>···</u>	<u> 109,665.</u>	0.	0.	24.

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

Sec	ction 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a i				1 1
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	(C)	(D)
1			CAPCIISCS		expenses
2	Outside and table a representation of the distribution of			Para Anna Anna	1. 多性学学 中的 18
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4				MANAGER STORY	PROMOGRAPH
5	Compensation of current officers, directors, trustees, and key employees	72,008.	43,205.		
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				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	5,280.	3,168.	792.	1,320.
10	Payroll taxes				
11	Fees for services (non-employees):				
	a Management				
	b Legal				
	c Accounting	4,366.	0.	4,366.	0.
	d Lobbying		With the Mr. The India, Will white I have been		<u> </u>
	e Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·	Partition and A		
g	f Investment management fees	287.	0.	287.	0.
13	Office expenses				
14	Information technology	1,115.	1,402.	240.	123.
15	Royalties	-			
16	Occupancy	6,455.	5,551.	904.	0.
17	Travel	47.	47.	0.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	712.	612.	100.	0.
21	Payments to affiliates	 	ļ 		
22	Depreciation, depletion, and amortization	6,530.	5,616.	914.	0.
23	Insurance	5,623.	4,611.	1,012.	0.
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%		四部章 四部四部章 高 章 四 章 郡 至 章 子 高 章 四 章 野 至 章		またではないなりないなり 様になってなりないなり というできないというという。
ź	Postage	93.	93.	0.	0.
	Dues & Subscriptions	870.	870.	0.	0.
	Telephone	2,851.	2,452.	399.	0.
	Miscellaneous	208.	208.	0.	0.
e	All other expenses	2,129.	2,047.	0.	- 82.
25	Total functional expenses. Add lines 1 through 24e	115,236.	73,483.	20,723.	21,030.
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 Fig. if following SOP 98-2 (ASC 958-720)				
BAA		TEA0110 12	<u> </u>		Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X... (B) End of year Beginning of year 1 Cash - non-interest-bearing 2,011. 1,878. 2 Savings and temporary cash investments 16,131. 7,651. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 8 9 1,877 1,844 10 a 10 b 107.017 97,397 10 c 95,955. Investments - publicly traded securities 11 6,926. 23,919. 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 16 124,342 131,247 Accounts payable and accrued expenses 17 17 6,383 5,675 18 18 19 Deferred revenue 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. 22 Secured mortgages and notes payable to unrelated third parties 23 13,603 9,794. 24 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 25 26 Total liabilities. Add lines 17 through 25 19,986 15,469 Organizations that follow SFAS 117 (ASC 958), check here ► | and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 104,356 115,778. Temporarily restricted net assets 28 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 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

115,778.

33

34

104,356

124,342

Form 990 (2012) O.U.R. House of Central Vermont, Inc	<u>03-03</u>	24723	Pa	age 12
Part XI Reconciliation of Net Assets			<u> </u>	
Check if Schedule O contains a response to any question in this Part XI			<u> </u>	. <u>X</u>
1 Total revenue (must equal Part VIII, column (A), line 12)		1	109,	665.
2 Total expenses (must equal Part IX, column (A), line 25)	· · ·	2	115,2	236.
3 Revenue less expenses. Subtract line 2 from line 1		3	<u>-5,!</u>	571.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	· · · · · · · · · · · · · · · · · · ·	4	104,3	<u>356.</u>
5 Net unrealized gains (losses) on investments		5	16,9	993.
6 Donated services and use of facilities	[6		
7 Investment expenses	· · · · · · · · []	7		
8 Prior period adjustments	· · · · · <u> </u>	8		
9 Other changes in net assets or fund balances (explain in Schedule O)	<u>_</u>	9		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0	115,7	778.
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 X Accrual Other		[j		
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? .			а	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled o separate basis, consolidated basis, or both:	r reviewed on a	a 🤼		
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2	b X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on	a separate			3
basis, consolidated basis, or both:				
x Separate basis		450	2 2007	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	sight of the au	dıt,	c X	
If the organization changed either its oversight process or selection process during the tax year, expirin Schedule O.	aın			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	th in the Single	. <u>3</u>	a	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required a	audit 3	b	
BAA		For	m 990 (2012)

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.

2012

Openato Rublic Inspection

Schedule A (Form 990 or 990-EZ) 2012

Name	of the	organiz	ation							Employe	er identifica	tion number		
0.0	O.U.R. House of Central Vermont, Inc 03-0324723													
Par	Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
The c	rga	nızatıo	n is not a priv	ate foundation becaus	e it is: (For lines 1 throi	ugh 11, d	check or	ly one b	00x.)					
1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).													
2		A sch	ool described	in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ.)								
3	П	A hos	pital or a coop	perative hospital service	ce organization describe	d in sec	tion 170	(b)(1)(A)(iii).					
4	П	A med	lical research	organization operated	in conjunction with a h	ospital d	described	in sect	ion 170	(b)(1)(A)	(iii). Ent	er the hosp	ıtal's	
		name,	city, and stat	te:										
5		An org 170(b)	janization ope (1)(A)(iv). (C	erated for the benefit of omplete Part II.)	f a college or university	owned	or opera	ted by a	govern	mental u	ınıt desc	ribed in se	ction	
6			•	-	overnmental unit descrit									
7		ın sec	tion 170(b)(1)	(A)(vi). (Complete Pa			_	ernmen	ital unit	or from	the gene	ral public o	lescrib	ed
8	Ц		•		70(b)(1)(A)(vi). (Complet		•			•				
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	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													
е	ш	other t	cking this box han foundation 509(a)(2).	k, I certify that the orgin managers and other	anization is not controlle than one or more publi	ed direct	ly or ind ported or	irectly by	y one or ons des	r more d cribed in	lisqualifie r section	ed persons 509(a)(1)	or	
f		If the c	organization re	eceived a written detei	rmination from the IRS t	hat is a	Type I,	Type II o	r Type	III suppo	ortina ora	anızatıon.		_
		check	this box .			• • • • • • • • • • • • • • • • • • • •				::: .				
g		Since .	August 17, 20	06, has the organizati	on accepted any gift or	contribi	ution fro	m any of	f the foll	owing p	ersons?			
		<i>a i</i>		d						(.)	- 4 6 . 3		Yes	No
		t	elow, the gov	erning body of the sup				sons de			na (III) 	11 g (i)		
		• -	-	per of a person descri	**		• • • • •	• • •		• • • • • • • •	• • • •	. 11 g (ii)		L
		• •		• •	described in (i) or (ii) at							11 g (iii)		
<u>h</u>		Provid	e the following	information about the	e supported organization	n(s).						·		
		(i) Name org	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in i) listed in overning ment?	(v) Did yo the organi column (i) supp) of your	(vi) le organiza colum organize U S	ation in nn (i) d in the	(vii) Amoun sug	t of mon port	etary
						Yes	No	Yes	No	Yes	No			
]]]			
(A)				ļ <u></u>			<u> </u>	ļ			ļļ			
														
(B)		-		 	 	 	 	 -		ļi				
(C)					}		1	-	Ì	}	} }			
(0)				 	 	 	 	 						
(D)_							}]		}				
					 	 	 							
(E)_					1			[[ĺĺ			
·				L	为他们是自然的 。	J 7	100	1.78	* 4 %	187 X	y .4 W			
Fotal				16. 注意。	· 中国	T A	12.00				· 水溪			

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

Schedule A (Form 990 or 990-EZ) 2012 O.U.R. House of Central Vermont, Inc 03-0324723

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

	- · · · · · · · · · · · · · · · · · · ·			
(Complete only if you check	ked the box on line 5, 7, or 8 of	Part I or if the organization	n failed to qualify under	r Part III. If the
organization fails to qualify	under the tests listed below, ple	ease complete Part III.)	, ,	

Sec	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·						
Cale begi	endar year (or fiscal year inning 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									
Sec	tion B. Total Support									
	ndar year (or fiscal year nning 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 activi	ties, etc (see instr	ructions)			12				
13	First five years. If the Form 990 rorganization, check this box and	s for the organizations stop here	tion's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ []			
Sec	tion C. Computation of Pul Public support percentage for 201	olic Support P	ercentage							
							<u> </u>			
	Public support percentage from 2						<u>%</u>			
	33-1/3% support test — 2012. If t and stop here. The organization of	qualifies as a publ	icly supported org	anization			🟲 📋			
b	33-1/3% support test — 2011. If the and stop here. The organization of	ne organization did qualifies as a publ	I not check a box icly supported org	on line 13 or 16a, anization	and line 15 is 33	-1/3% or more, che	eck this box			
17 a	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	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o	r 17b, check this l	oox and see instru	ctions . ►			
BAA					Sch	edule A (Form 990	or 990-E7) 2012			

| 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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar 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		_				
	received. (Do not include any 'unusual grants.')	141 420	135 353	114,024.	104,037.	109,641.	604 274
2	Gross receipts from admis-	141,420.	135,252.	114,024.	104,03/.	109,041.	604,374.
_	sions, merchandise sold or				1		
	services performed, or facilities furnished in any activity that is	}		}	ł		
	related to the organization's	}					
_	tax-exempt purpose	2,220.	1,076.	16,922.	7,203.	0.	27,421.
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						
5	its behalf						<u> </u>
J	facilities furnished by a		!		!	"	
	governmental unit to the organization without charge						
6		142 640	136,328.	130,946.	111,240.	109,641.	631,795.
	Total. Add lines 1 through 5 Amounts included on lines 1.	143,640.	130,320.	130,946.	111,240.	109,641.	631, 793.
	2, and 3 received from disqualified persons						
١	Amounts included on lines 2]
	and 3 received from other than in disqualified persons that						1
	exceed the greater of \$5,000 or						İ
	1% of the amount on line 13 for the year						
(Add lines 7a and 7b	 					
8	Public support (Subtract line		GKGP+#7KDES				
	7c from line 6.)	in his least to a					631,795.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	143,640.	136,328.	130,946.	111,240.	109,641.	631,795.
10 a	Gross income from interest, dividends, payments received on securities loans, rents,		~ !				
	royalties and income from similar sources	137.	237.	145.	50.	24.	593.
t	Unrelated business taxable	137.	237.	113.			333.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						:
C	: Add lines 10a and 10b	137.	237.	145.	50.	24.	593.
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						
	gain or loss from the sale of capital assets (Explain in	1)	_	ļ		
	Part IV.)	5,459.	2,397.	3,977.			11,833.
	Total support. (Add Ins 9, 10c, 11, and 12)		138,962.	135,068.	111,290.	109,665.	
14	First five years. If the Form 990 is organization, check this box and	s for the organizat stop here	ion's first, second	, third, fourth, or t	fifth tax year as a	section 501(c)(3)	► □
	tion C. Computation of Pul	olic Support P	ercentage				
15	Public support percentage for 201	2 (line 8, column	(f) divided by line	13, column (f)).		15	98.07 %
16	Public support percentage from 2	011 Schedule A, F	art III, line 15 .		<u></u>	16	98.19 %
Sec	tion D. Computation of Inv	estment Incon	ne Percentage	!			
17	Investment income percentage fo				n (f))	17	0.09 %
18	Investment income percentage fro					18	0.10 %
19 a	33-1/3% support tests - 2012. If is not more than 33-1/3%, check	the organization d this box and stop	id not check the b here. The organiz	oox on line 14, and ation qualifies as	d line 15 is more t a publicly support	ed organization	d line 17 ► [X]
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%,						1/3%, and zation ►
	Private foundation. If the organiz						▶ 🗍
3AA			TEEA0403	08/09/12	Sc	hedule A (Form 9	990 or 990-EZ) 2012

Schedule A (Form 990 or 990-l	EZ) 2012 O. (J.R. Ho	<u>use</u> of	Centra.	L Vermont	, Inc	03-0324	<u> 123</u>	Page 4
F	Supplemental I Part II, line 17a See instruction	or 17b; and	Complet Part III,	e this pa line 12.7	rt to prov Also comp	ide the exp plete this pa	lanations art for any	required by Pay additional inf	art II, line ormation.	10;
Other In	come Part I	II, Line 1	<u> </u>							
<u>Descript</u>	ion: Other	revenue		- 						
2008: 54	59									
2009:_23	97								- -	
2010: 39	77:									
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

ZUIZ Openito/Public

Employer identification number

0.1	J.R. House of Central Vermont, Inc		03-0324723	
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds or A	Accounts. Complet	te if
	the organization answered 'Yes' to Form 990, Part IV, line 6.			
	(a) Donor advised funds	(i	b) Funds and other acco	ounts
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 are the organization's property, subject to the organization's exclusive legal control?	r advised	d funds	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpormissible private benefit?	can be us rpose co	sed only onferring Yes	No
Par	Conservation Easements. Complete if the organization answered 'Yes'	to Forr	ກ 990, Part IV, line	? 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
			rically important land a	rea
	Protection of natural habitat Preservation of	a certifie	ed historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year.	form of	a conservation easeme	ent on the
	last day of the tax year.		Held at the End of th	e Tax Year
2	Total number of conservation easements	and a ballon		
	O Total acreage restricted by conservation easements			
	: Number of conservation easements on a certified historic structure included in (a)		. 	
	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 tax year ►	by the o	organization during the	
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, handle and enforcement of the conservation easements it holds?	ng of vio	olations, Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemed	ents durir	ng the year	_
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements (>\$	during the	e year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	n 170(h))(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and extended, if applicable, the text of the footnote to the organization's financial statements that described conservation easements.	ribes the	e organization's accoun	sheet, and ling for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8	Other S	Similar Assets.	·- <u>·</u>
1 a	If the organization elected, as permitted under SFAS 115 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items.	stateme in furthe	ent and balance sheet we erance of public service	orks of , provide,
t	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statistical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items.	urtherand	ce of public service, pro	vide the
	(i) Revenues included in Form 990, Part VIII, line 1		►\$	
	(ii) Assets included in Form 990, Part X		▶\$	·
	If the organization received or held works of art, historical treasures, or other similar assets for famounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1		▶\$	
b	Assets included in Form 990, Part X		▶\$	

Schedule D (Form 990) 2012 O.U.	R. House	of Ce	ntral Verm	ont, Inc	03-032			Page 2
Partill Organizations Mainta	ining Colle	ections	of Art, Histor	ical Treasures, o	or Other Similar Ass	sets (c	ontını	ıed)
3 Using the organization's acquisition (check all that apply):	ion, accession	, and oth	ner records, check	any of the following	that are a significant us	e of its o	ollectio	วท
a Public exhibition			d Loan or	exchange programs				
b Scholarly research			e Other					
c Preservation for future gener								
4 Provide a description of the orga Part XIII.				-		ın		
5 During the year, did the organiza to be sold to raise funds rather th	nan to be mair	ntained a	s part of the orgai	nization's collection?	'	Yes]No
Part IV Escrow and Custodial reported an amount o	Arrangeme In Form 990	nts. Cor), Part	nplete if the org X, line 21.	ganization answe	red 'Yes' to Form 990	, Part I	V, line	9, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodiar	n, or othe	r intermediary for	contributions or other	er assets not included	Yes		No
b If 'Yes,' explain the arrangement						ليا	L	一 ,
, ,		·	_			Amoun	t	
c Beginning balance					1с			
d Additions during the year					1 d			
e Distributions during the year				,	1 e			
f Ending balance					1f			
2 a Did the organization include an a	mount on For	n 990, P	art X, line 21? .			Yes		No
b If 'Yes,' explain the arrangement	ın Part XIII. C	heck her	e if the explantion	has been provided	ın Part XIII		. [
								
Part V Endowment Funds. C			anization ansi					
	(a) Curren	t	(b) Prior year	(c) Two years	(d) Three years	(e) F	our year	rs
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 curren	t year en	id balance (line 1	g, column (a)) held a	is:			
a Board designated or quasi-endow	/ment ►		8					
b Permanent endowment	8							
c Temporarily restricted endowmen	·		_ 8					
The percentages in lines 2a, 2b, a	and 2c should	equal 10	00%.					
3 a Are there endowment funds not in organization by:	n the possessi	on of the	organization that	are held and admin	stered for the		Yes	No
(i) unrelated organizations						. 3a(i)		
(ii) related organizations								
b If 'Yes' to 3a(II), are the related o	rganizations li	sted as r	equired on Sched	ule R?		. 3b		
4 Describe in Part XIII the intended	uses of the or	rganızatio	on's endowment fr	unds.				
Part VI Land, Buildings, and	Equipment	. See F	orm 990, Part	X, line 10.				
Description of property			or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	ilue
1 a Land				11,900.	多等字零 為過			<u>,900.</u>
b Buildings	1	 		142,803.	64,913.		77,	,890.
d Equipment				20,489.	16,619.		3.	,870.
e Other				27,780.				295.
otal. Add lines 1a through 1e. (Columi	n (d) must eau	ial Form	990, Part X, colui					, 955.
BAA	<u> </u>					ule D (F		

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

2 a Net unrealized gains on investments	Schedule D (Form 990) 2012 O.U.R. House of Central Vermont, Inc	03-0324723	Page 4
2 a Net unrealized gams on investments 2 b Onated services and use of facilities 2 c Recoveres of prior year grants 2 c d Other (Cescribe in Part XIII) 2 d 2 d 2 d 3 Subtract line 2 a from line 1 1 115, 231 a 109, 661 a 115, 231 d 3 109, 661 a 11		Return	
a Net unrealized gains on investments b Donated services and use of facilities c Recoveres of prior year grants d Other (Describe in Part XIII) 2 d 2 d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue and issues per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b Prior year adjustments 2 b Prior year adjustments 2 c Cother losses. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25; a House of the part XIII) 2 A 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 4 b Other (Describe in Part XIII) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 2d and 4b, 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.	1 Total revenue, gains, and other support per audited financial statements	1	126,658.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3. Subtract line 2e from line 1 3. 10.9, 66: 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 4. Describe in Part XIII.) c Add lines 4a and 4b 5. Total expenses and losses per Audited Financial Statements With Expenses per Return 1. Total expenses and losses per audited financial statements 1. Total expenses and losses per audited financial Statements 2. Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2. Describe in Part XIII.) c Other (Describe in Part XIII.) c Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part IX, line 25: b Other (Describe in Part XIII.) c Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4. Amounts included on Form 990, Part IX, line 25, but not on line 1: a linestment expenses not included on Form 990, Part IX, line 7b 4. Amounts included on Form 990, Part IX, line 25, but not on line 1: a linestment expenses not included on Form 990, Part IX, line 18.) 5. 115, 23i RRITEXTILE Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part IX, lines 1a and 4; Part IX, lines 1b and 2b; Part X, line 2; Part X, line 2; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide the descriptions required for Part IX, line 2b and 4b. Also complete this part to provide the descriptions re	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
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d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 109, 66: 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 109, 66: Ratitixiis Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 1 115, 23: 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 c d Other (Describe in Part XIII) 2 add lines 2a through 2d 3 Subtract line 2e from line 1 3 115, 23: 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1a and 4: Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, line 2; Part X, line 2; Part X, line 2; Part X, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	b Donated services and use of facilities		
e Add lines 2a through 2d 2e 16,99: 3 Subtract line 2e from line 1 3 109,66: 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.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a Post of facilities. 3 Donated services and use of facilities. 4 Amounts included on Ine 1 but not on Form 990, Part IX, line 2d durines 2 d durines 2 a through 2d 2e 2d durines 2 a through 2d 2e 3 Subtract line 2e from line 1 3 115, 23i 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b 4a 1	c Recoveries of prior year grants		
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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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 109, 66: RantXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Interestment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses in the form 990, Part IX, line 25, but not on line 1: a Investment expenses in the form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) RantXIIII 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 IX, lines 1b and 2b; 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.	3 Subtract line 2e from line 1	. 3	109,665.
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Ratifixitis Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 115,234 2 Amounts included on line 1 but not not norm 990, Part IX, line 25: a Donated services and use of facilities 2 2 2 b Prior year adjustments 2 2 2 d Other (Describe in Part XIII) 2 2 2 e Add lines 2 a through 2d 2 2 3 Subtract line 2e from line 1 3 115,234 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 4 b Other (Describe in Part XIII.) 4 4 c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 115,234 RatifixIII Supplemental Information Complete this part to provide the descriptions required for Part III, 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.	c Add lines 4a and 4b	. 4c	
RatitXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not not not prom 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 115,234 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, 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.	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	109,665.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. 2 d d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4b; and Part XII, lines 2d and 4b. Also 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.	RankXII图 Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		1	115,236.
a Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·	62.4	
b Prior year adjustments c Other losses. d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Rart XIII Supplemental Information Complete this part to provide the descriptions required for Part III, 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.	1 1	486	
c Other losses . d Other (Describe in Part XIII) . 2d . 2e . 2d . 2e . 2d . 2d . 2e . 2d . 2d	b Prior year adjustments 2b		
d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 115, 23d Rart 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.	· · · · · · · · · · · · · · · · · · ·		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, 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.			
3 115,23d 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 b Other (Describe in Part XIII). c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses and linformation 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.	 		
A 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. b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 115,236 RartXIII 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.	•		115,236.
a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)		60.44	
b Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.			
Rank 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.	c Add lines 4a and 4b	4c	
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.	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	115,236.
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.	Ran XIII Supplemental Information		
	Complete this part to provide the descriptions required for Part II, lines 3, 3, alid 9, Part III, lines 1a alid 4, Part IV 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	y additional inform	
KAA Senadula Di 7-orm QQN 901	BAA	Schedule D (Fo	rm 990\ 2012

Schedule D (Form 990) 2012 O.U.R. Hou Part XIII Supplemental Information	se of Central Vermont,	Inc	03-0324723 Page	e 5
Rant-XIII Supplemental Information	(continued)	· · · · · · · · · · · · · · · · · ·		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

O.U.R. House of C	entral Vermont, Inc	03-0324723
Pt_VI, Line_6	The organization has members.	
Pt_VI,_Line_7a	Yes, the members elect the governing board.	
Pt_VI,_Line_7b	Decision of the governing body is subject to ap	proval by members.
Pt_VI,_Line_11b	The accountant prepares the 990 and gives a cop	y 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 dea	lt with at that time.
Pt_VI,_Line_15a	The organization uses comparability data along	with comparing local
	area organizations compensation to make their d	etermination.
Pt_VI, Line_15b	The same rule applies for 15a.	
Pt_VI,_Line_19	They are available to anyone upon request.	
Pt_XI	Unrealized gain on investment.	
Pt_XI	Prior period adjustment.	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

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

OMB No 1545-0172

2012

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attachment Sequence No 179 Identifying number

O. U	J.R. House of Cer	ntral Vermont	t, Inc				03-0324723
	cm 990 / Form 990						
	t l' Election To Ex	pense Certain F	Property Under Se	ction 179 you complete F	Part I.		
1	Maximum amount (see in						1
2	Total cost of section 179	property placed in s	ervice (see instructions	:)			2
3	Threshold cost of section					F-	3
4	Reduction in limitation. S						4
5	Dollar limitation for tax ye separately, see instruction	ear. Subtract line 4 f	rom line 1. If zero or le	ss, enter -0 If	married filing		5
6		Description of property		(b) Cost (busine		(c) Elected cost	
				_1			
7	Listed property. Enter the	amount from line 29	9		7		
8	Total elected cost of section						8
9	Tentative deduction. Ente						9
10	Carryover of disallowed d						
11	Business income limitation		·			e instrs) . 1	
12 13	Section 179 expense ded Carryover of disallowed d						
	: Do not use Part II or Part				1131		Carried to July 18 martine & the
	till Special Depred				not include liste	nd property) (See	unstructions)
							, mandedons.)
14	Special depreciation allow tax year (see instructions)						4
15	Property subject to section					· · · · · · · · · · · · · · · · · · ·	
16	Other depreciation (include					· · · · · · · · · · · · · · · · · · ·	
	till MACRS Depre	ciation (Do not in	clude listed property \	See instructions		, ., .,	
1,41	Calligra IntAONO Depic	Clation (Do not in	Section		.,		
17	MACRS deductions for as	sets placed in service				1	6,312.
18	If you are electing to grou asset accounts, check her						
			n Service During 2012				em
	(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	A BARRISTE					
t	5-year property		1,227.	5.0 yrs	HY	S/L	123.
	7-year property						
	10-year property	- The state of the					
	15-year property						
	20-year property						
	25-year property			25 yrs		S/L	
	Residential rental			27.5 yrs	MM	S/L	
	property			27.5 yrs	MM	S/L	
i	Nonresidential real	07/12	3,859.	39 yrs	MM	S/L	95.
	property				MM	S/L	
	Section C	- Assets Placed in	Service During 2012 Ta	ax Year Using th	ne Alternative I	Depreciation Sys	tem
20 a	Class life	经证据 通				S/L	
Ŀ	12-year			12 yrs		S/L	
	40-year			40 yrs	MM	S/L	
	tilV Summary (See		 				· · · · · ·
21	Listed property. Enter am					21	
22	Total. Add amounts from line 12 the appropriate lines of you	2, lines 14 through 17, lin	es 19 and 20 in column (g), a	and line 21. Enter he	re and on	22	6,530.
23	For assets shown above a the portion of the basis at	and placed in service	during the current year		23		The state of the s

	n 4562 (2012)	O.U.R. Ho	ouse of C	entra	l Verr	nont,	Inc							32472		Page 2
r _a	rt V Listed	Property (In on, or amuseme		biles, ceri	ain othei	r vehicle	es, certa	in co	mput	ers, ar	ia prop	erty use	d for en	ertainm	ent,	
	Note: Fo	or any vehicle fo (a) through (c)	or which you a	re using all of Se	the stand	dard mile	eage rat	te or f app	dedud licabl	cting le le.	ase ex	pense, (complete	only 24	1a, 24b,	
		n A – Deprecia									nits for	passen	ger auto	mobiles.	.)	
24	a Do you have evi	dence to suppor	t the business	investme	nt use cla	imed?	Yes		No i	24b If '	Yes,' is t	he eviden	ce written?	<u> </u>	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cos	d) t or basis	(busin	(e) for deprecti ess/investi use only)			(f) ecovery period		(g) ethod/ nvention		(h) reciation duction		(i) Elected tion 179 cost
25	Special deprectused more than		for qualified				service (during	g the	tax yea	ar and	25	1			
26	Property used r					-	<u></u>				·					
			 			 					-		 			
						 					 		 		- 	
27	Property used 5	0% or less in a	qualified bus	iness use	•										16.6 86. 1	
						 -			ļ				 		-	
			 			 			l				 		-11:1	
28	Add amounts in	column (h), lın	es 25 through	27. Ente	r here ar	nd on lin	ne 21, pa	age 1				28	<u> </u>			
_29	Add amounts in		-	re and or	line 7, r	page 1				<u> </u>	<u></u>			29		
0	plete this section	. for valuation va	. مامه مینظ امم	Section							' or role	stad nar	con If w	OU DEOU	dad vah	voloc
to yo	our employees, fi	rst answer the	questions in S	ection C	to see if	you me	et an ex	cepti	on to	compl	eting th	us secti	on for th	ose veh	icles.	ICIES
30	Total business/	unuoctmont milo	e driven	(6	i) cle 1	(b)		(c)		(0		(6	·) _	(n,
30	during the year	(do not include	•		cle 1	Vehic	cle 2	^V	'ehicli	e 3	Veni	cle 4	Veni	ćle 5	Veni	icle 6
31	commuting mile Total commuting m	•											 			
32	Total other pers	sonal (noncomn	nuting)													
33	Total miles driv															
	mos oo anoog.			Yes	No	Yes	No	Ye	5	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle	available for p	ersonal use				}			ł		})]	1	1
35	Was the vehicle than 5% owner															
36	Is another vehic personal use? .							}						}		
		Section (C - Question:	s for Emp										!	<u> </u>	<u></u>
Ansv	ver these question	ns to determine	e if you meet a	an except	ion to co	mpleting	g Sectio	n B f	or ve	hicles	used by	emplo	yees who	o are no	t more t	lhan
															Yes	No
37	Do you maintain by your employe															1
38	Do you maintair employees? See	n a written polic e the instruction	y statement this for vehicles	nat prohib used by	its perso corporate	nal use e officer	of vehics, direc	cies, tors,	excer or 1%	ot com	muting, ore own	by you ers	r 			
39	Do you treat all															
40	Do you provide vehicles, and re	more than five tain the informa	vehicles to yo ation received	ur employ ?	ees, obt	aın ınfoi	rmation	from	your	emplo 	yees al	oout the	use of t	he 		
41	Do you meet the Note: If your an	e requirements s swer to 37, 38,	concerning qu <i>39, 40, or 41</i>	ialified au	tomobile do not co	demon	stration <i>Section</i>	use? <i>B foi</i>	(See	e instru covere	ctions.) d vehic) les.		• •	30 M (30 K	
Pai	t VI 🛭 Amorti	zation														
	Desc	(a) cription of costs		Date an	(b) nortization egins	}-	(c) Amortizabli amount	e		(d Cox secti	ie	pe	(e) ortization eriod or		(f) Amortization for this yea	
42	Amortization of	costs that begin	ns during your	2012 tax	year (se	e instru	uctions):	;				I her	rcentage	·	 -	
									I							
													- T			
43 44	Amortization of Total. Add amo	_	-									• • • • • •	43			
	i otal. Add allio	unto ili Columin	(i). See the II	isti uction		20812 08				·····			1	<u> </u>	rm ASS	2 (2012)

Depreciation and Amortization Report

Tax Year 2012 ► Keep for your records

O.U.R. House of Central Vermont, Inc

Form 4562

Form 990 - / Form 990EZ		, dermone,	2	V	eep for	Keep for your records	sp.				03-032472	24723
Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Príor Depreciation	Current Depreciation
DEPRECIATION												
Handicap deck and ramp	0	07/31/12	3,859		100.00			3,859	39.00	SI/MM		95
Computer Monitor	0	01/31/13	118		100.00			118	5.00	SL/HY		12
Digital Recorder	0	01/31/13	755		100.00			755	5.00	SL/HY		16
Table and chairs	0	05/20/13	354		100.00			354	5.00	SL/HY		35
SUBTOTAL CURRENT YEAR			5,086	0		0	0	5,086			0	218
	_							- 1				
FURNITURE		01/01/90	2,100		100.00			2,100	10.00	SL/HY	1,925	0
EQUIPMENT	٩	01/01/90	1,100		100.00			1,100	5.00	SL/HY	1,100	0
FURNITURE		01/01/91	825		100.00			825	10.00	SL/HY	758	0
EQUIPMENT	٩	01/01/91	125		100.00			125	5.00	ST/HX	125	0
COMPUTER	٥	07/01/92	2,571		100.00			2,571	5.00	ST/HX	2,571	0
COMPUTER TABLE	٥	06/01/93	100		100.00			100	10.00	SL/HY	100	0
LAND-38 SUMMER ST	-	12/30/93	0	11,900	100.00							0
BUILDING-38 SUMMER ST		12/30/93	126,889		100.00			126,889	40.00	ST/HY	58,698	3,172
REFRIGERATOR	٥	07/12/94	220		100.00			220	10.00	ST/HX	220	0
TAPE BACKUP UNIT	3	02/12/96	263		100.00			263	5.00	SL/HY	263	0
BUILDING RENOVATIONS	-	12/31/98	1,745		100.00			1,745	40.00	SI./MM	591	44
ROOF	٩	02/01/99	4,650		100.00			4,650	650 40.00	SI/MM	1,557	116
FIXTURES	3	02/26/99	648		100.00			648	648 10.00	SI/MM	647	0
FURNITURE		03/26/99	803		100.00			803	10.00	ST/MM	797	0
LAMPS, FUTON		04/23/99	486		100.00			486	10.00	SI/MO	486	0
FUTONS, COVERS	٥	04/23/99	1,599		100.00			1,599	10.00	SL/MQ	1,527	0
FURNITURE		05/31/99	249		100.00			249	10.00	SI,/MM	249	0
SHELVES		06/04/99	006		100.00			006	900 10.00	SL/MM	006	0
CHAIRS, STOOLS, TABLE		06/18/99	631		100.00			631	10.00	SI/MM	627	0
DOLLHOUSE		06/18/99	604		100.00			604	5.00	SL/HY	578	0
8 CHAIRS		07/15/99	1,764		100.00			1,764	10.00	SL/MM	1,764	0
LAMPS		07/27/99	280		100.00			280	280 10.00	SI/MM	280	0
FIXTURES		09/24/99	585		100.00			585	585 10.00	SI/MO	582	0
TELEPHONE SYSTEM		09/24/99	1,950		100.00			1,950	950 10.00	SL/MM	1,926	0
TELEPHONE SYSTEM		09/24/99	3,018		100.00			3,018	10.00	SI/MM	3,007	0
IBM THINKPAD		09/30/99	2,899		100.00			2,899	5.00	SI/MM	2,819	0
PHOTOCOPIER		11/30/01	1,325		100.00			1,325	5.00	SL/MM	1,325	0
COMPUTER		02/22/02	2,467		100.00			2,467	5.00	SL/MM	2,467	0
PRINTER		02/28/02	281		100.00			281	5.00	SL/MM	281	0
VENTURA REFLECTIVE OVERHEAD	<u> </u>	03/01/02	340		100.00			340	5.00	SI/MM	340	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV3601 08/27/12

Page 1 of 2

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9	
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Depreciation and Amortization Report

Tax Year 2012 ► Keep for your records O.U.R. House of Central Vermont, Inc Form 990 - / Form 990EZ

Form 4562

Form 990 - / Form 990EZ	- 1	1 / 1 / 1 / 1	2	¥	eep for	Keep for your records	qs				03-032472	24723
Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
PRESENTATION BOARD/FRAME		03/01/02	322		100.00			322	5.00	SL/MM	322	0
COMPUTER		08/19/05	1,225		100.00			1,225	5.00	SL/MM	1,214	0
DELL LAPTOP		10/11/06	953		100.00			953	5.00	SL/MM	946	Ó
DELL DESKTOP		10/11/06	794		100.00			794	5.00	SL/MM	787	0
DELL PROJECTOR		10/11/06	741		100.00			741	5.00	SI/MM	735	0
CCTV AND RECORDING SYSTEM		03/23/07	5,000		100.00			5,000	7.00	SI,/MM	3,771	719
CARPETING		11/20/08	3,230		100.00			3,230	40.00	SL/MM	293	81
NEW TILE		01/09/09	1,744		100.00			1,744 40.00	40.00	SL/MM	151	44
BUILDING IMPROVEMENT		02/24/09	400		100.00			400	40.00	SL/MM	34	10
BUILDING IMPROVEMENT		04/01/09	286		100.00			286	40.00	SL/MM	23	7
DESK & CHAIR		06/30/08	1,431		100.00			1,431	10.00	SI/MM	435	143
Fire Proof Cabinet		05/10/10	420		100.00			420	5.00	ST/HX	210	84
Printer		05/18/10	130		100.00			130	5.00	SL/HY	65	26
Air Conditioner		05/24/10	265		100.00			265	5.00	SL/HY	133	53
Air Conditioner		06/02/10	160		100.00			160	5.00	SL/HY	80	32
Firewall		06/30/10	2,500		100.00			2,500	5.00	SL/HY	1,250	200
Keypad Entry System		12/30/10	1,505		100.00			1,505	5.00	SL/HY	452	301
Alarm System		04/20/11	2,286		100.00			2,286	5.00	SL/HY	686	457
Computer		12/09/11	1,077		100.00			1,077	3.00	200DB/HY	359	479
Printer		12/22/11	100		100.00			100	3.00	200DB/HY	33	44
SUBTOTAL PRIOR YEAR			185,986	11,900		0	0	185,986			100,489	6,312
TOWN			101	11 000				101			1	
			7101767	006/11				7/0/161			100,483	0,330
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	I											

FDIV3601 08/27/12

Code: S = Sold, A = Auto, L = Listed, C = COGS

Page 2 of 2

03-0324723

Alternative Minimum Tax Depreciation Report

O.U.R. House of Central Vermont, Inc

Form 990EZ

Form 990 -

Form 4562

Tax Year 2012 ► Keep for your records

0 ö ö ö Adjustment/ Preference 35 218 16 Current Depreciation 116 648 803 3,018 263 1,555 486 249 900 604 1,764 585 1,950 2,899 281 340 2,571 100 280 2,467 2,100 1,100 825 125 126,889 1,745 1,599 631 1,325 Prior Deprecíation Method/ Convention SI/MM SL/HY SI/MM SI/MM SI/MO SI/MO SI/MM SL/MM SL/MM SI/MM SI/MM SI/MM SL/MM SI/MM SI/HY SL/HY SI/HY SL/HY SL/HY SL/HY SL/HY SL/HY ST/HY SL/HY SI/MM SI/MM SL/HY SL/MM SI/MO SI/MM SI/MM SL/HY SI/MM 803 10.00 486 10.00 900 10.00 585 10.00 5.00 2,100 15.00 825 15.00 5.00 5.00 100 15.00 4,650 40.00 648 10.00 1,599 10.00 249 10.00 631 10.00 1,764 10.00 280 10.00 1,950 10.00 5.00 3,859 39.00 5.00 5.00 5.00 220 15.00 5.00 1,745 50.00 604 5.00 3,018 10.00 2,899 5.00 1,325 5.00 2,467 5.00 340 5.00 118 5.00 Life 755 354 1,100 125 2,571 263 281 5,086 126,889 Depreciable Basis Special Depreciation Allowance Section 179 100.00 100.00 100.00 100.00 100.00 100.00 100.001 100.00 100.00 100.00 100.001 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 usiness Use % 100.00 100.00 100.00 100.00 11,900 100.00 Land 263 1,745 803 486 900 1,764 340 118 755 5,086 2,100 1,100 825 2,571 220 648 249 631 604 280 585 2,899 1,325 281 354 125 100 4,650 1,599 1,950 3,018 126,889 2,467 3,859 Cost (net of land) 01/01/90 02/12/96 03/26/99 04/23/99 04/23/99 05/31/99 07/27/99 02/28/02 01/01/90 06/10/93 12/30/93 07/12/94 12/31/98 02/01/99 07/15/99 09/24/99 09/24/99 02/22/02 07/31/12 01/31/13 01/31/13 05/20/13 16/10/10 16/10/10 07/01/92 12/30/93 02/26/99 06/04/99 06/18/99 06/18/99 09/24/99 66/02/60 11/30/01 03/01/02 Date In Service Code TAPE BACKUP UNIT Handicap deck and ramp BUILDING RENOVATIONS CHAIRS, STOOLS, TABLE Computer Monitor Digital Recorder Table and chairs SUBTOTAL CURRENT YEAR LAND-38 SUMMER ST BUILDING-38 SUMMER ST TELEPHONE SYSTEM TELEPHONE SYSTEM VENTURA REFLECTIVE OVE COMPUTER TABLE FUTONS, COVERS **Asset Description** REFRIGERATOR LAMPS, FUTON IBM THINKPAD PHOTOCOPIER DEPRECIATION FURNITURE FURNITURE FURNITURE EQUIPMENT FURNITURE EQUIPMENT DOLLHOUSE 8 CHAIRS COMPUTER FIXTURES FIXTURES COMPUTER SHELVES PRINTER LAMPS ROOF

S = Sold, A = Auto, L = Listed, C = COGS, P = Passive Code:

FDIV3701 08/27/12

Page 1 of 2

Alternative Minimum Tax Depreciation Report

O.U.R. House of Central Vermont, Inc

Form 4562

6 ö 0 0. ö ö 0. ٥. ö ö ö 75. 87 87 Adjustment/ Preference 03-0324723 500 301 457 404 3,009 3,227 84 26 53 32 37 Current Depreciation 686 3,780 293 23 435 210 65 133 1,250 269 170,243 170,243 794 151 34 80 452 Prior Depreciation Method/ Convention 150DB/HY 150DB/HY SI/MM SI/MM SL/MM SL/MM SI/MM SL/MM SI/MM SI/MM SI/MM SL/HY SI/HY SI/HY SL/HY SL/HY SL/HY SL/HY 3,230 40.00 1,744 40.00 400 40.00 286 40.00 1,431 10.00 5.00 3.00 3.00 5,000 7.00 420 5.00 130 5.00 265 5.00 160 5.00 2,500 5.00 1,505 5.00 1,225 5.00 794 5.00 741 5.00 953 5.00 Life 2,286 322 1,077 100 185,986 191,072 Depreciable Basis Tax Year 2012 ► Keep for your records 0 Section 179 Depreciation Allowance 100.00 100.00 100,00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 susiness Use % 11,900 11,900 Land 130 265 1,505 2,286 322 1,225 953 794 741 5,000 3,230 400 286 1,431 420 1,077 185,986 1,744 160 2,500 191,072 Cost (net of land) 05/18/10 06/30/10 12/30/10 08/19/05 10/11/06 10/11/06 10/11/06 11/20/08 01/09/09 60/08/90 05/10/10 05/24/10 04/20/11 12/09/11 12/22/11 03/01/02 02/24/09 04/07/09 06/02/10 03/23/07 Date in Service Form 990EZ Code BUILDING IMPROVEMENT BUILDING IMPROVEMENT Fire Proof Cabinet Keypad Entry System SUBTOTAL PRIOR YEAR CCTV AND RECORDING SYS PRESENTATION BOARD/FRA Air Conditioner Air Conditioner DELL PROJECTOR **Asset Description** Alarm System DESK & CHAIR DELL DESKTOP DELL LAPTOP Form 990 CARPETING COMPUTER NEW TILE Computer TOTALS Firewall Printer

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

Page 2 of 2

FDIV3701 08/27/12

Supporting Statement of:

Form 990 p 9/Government Grants

Description	Amount		
SIU Grant	70,642.		
Grant State	31,500.		
Grant Local Government	900.		
Total	103,042.		

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
Dontations	400.
Business, church and other organizations	2,712.
Total	3,112.

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					
	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A B C	Depreciation	6,530.	5,616.	914.	0.

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
Fundraising expense	82.	0.	0.	82.
Public information	287.	287.	0.	0.
Staff development	176.	176.	0.	_0.
Therapy materials	56.	56.	0.	0.
Annual Conference	1,532.	1,532.	0.	0.
Rounding	-4.	-4.	0.	0.

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
Furniture & Fixtures	14,324.
Computer/printers	13,456.
Total	27,780.

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
A/D Furniture & Fixtures	12,546.
A/D Computer/printers	12,939.
Total	25,485.

Supporting Statement of:

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

Description	Amount
Accrued Co Absence	3,733.
Accrued wages & FICA	641.
Fed & FICA withholding	1,370.
State withholding	503.
SUTA payable	136.
Total	6,383.

Supporting Statement of:

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

Description	Amount
Accounts payable	160.
Accrued Co Absence	3,362.
Fed. & FICA w/h	1,506.
State w/h	516.
SUTA Payable	132.
Rounding	-1.
Total	5,675.

Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

Internal Revenue	e Service 1110 d 3	charace appli	Cation for Cach retains		
-	e filing for an Automatic 3-Month Extension, co	-			► K
	e filing for an Additional (Not Automatic) 3-Mon			•	
•	plete Part II unless you have already been grant				
request an e	ling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which noting of this form, visit www irs gov/efile and click	ot automatic) Part I or Pai nust be sent	3-month extension of time. You can elec rt II with the exception of Form 8870, Info to the IRS in paper format (see instructio	tronically file Form 8 rmation Return for T	868 to ransfers
Part I	Automatic 3-Month Extension of Tim	e. Only su	bmit original (no copies needed)		
70 Jan 1-45777 Add At 1	n required to file Form 990-T and requesting an		 		▶□
•	•			· ·	LJ
income tax r	porations (including 1120-C filers), partnerships eturns.	, KEIVIICS, ai	u trusts must use Form 7004 to request a	ari exterision or time	to me
			Enter filer's identi	fying number, see ir	
	Name of exempt organization or other filer, see instructions			Employer identification i	number (EIN) or
Type or print					
pilit	O.U.R. House of Central Verm		}	03-0324723	
File by the	Number, street, and room or suite number. If a P.O. box, see	e instructions.		Social security num	nber (SSN)
due date for filing your	38 Summer Street, Barre				
return See instructions	City, town or post office, state, and ZIP code. For a foreign a	ddress, see instri	uctions.		
	Barre			VT 0564	1
Enter the Re	turn code for the return that this application is fo	or (file a sepa	erate application for each return)		01
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-BL		02	Form 1041-A		08
Form 4720 (ındıvıdual)	03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check this the exter I reque until I The ext X If the ta	is are in the care of Shannon Blais ie No. (802) 476-9626 canization does not have an office or place of but for a Group Return, enter the organization's four s box	FAX Notes in the religion of t	United States, check this box	this is for the whole	group,
nonrefu	application is for Form 990-BL, 990-PF, 990-T, 4 andable credits. See instructions	<u></u>	·····	3a \$	0.
paymei	application is for Form 990-PF, 990-T, 4720, or 6 nts made. Include any prior year overpayment a	llowed as a c	redit	3 в \$	0.
EFTPS	e due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	instructions	 	3c \$	0.
Caution. If you payment inst	ou are going to make an electronic fund withdraviructions.	wal with this	Form 8868, see Form 8453-EO and Form	8879-EO for	

0000 (0000 1 0010)			02 022472	3 Dags 3
Form 8868 (Rev 1-2013) O.U.R. House of C				
If you are filing for an Additional (Not Automatic) 3-Mo				
Note. Only complete Part II if you have already been grant			n a previously filed Form 8868.	
If you are filing for an Automatic 3-Month Extension, c	omplete only P	art i (on page 1).	the existent (no content	
Rartill Additional (Not Automatic) 3-Month	Extension	of Time. Only file		
			Enter filer's identifying number	
Name of exempt organization or other filer, see instructions.			Employer identification	n number (EIN) or
Type or)	
print O.U.R. House of Central Verm	ont, Inc		03-0324723	
Number, street, and room or suite number. If a P.O box, see	instructions.		Social security number	r (SSN)
ile by the extended			4	
due date for 38 Summer Street, Barre				
return. See nstructions City, town or post office, state, and ZIP code. For a foreign a	ddress, see instructi	ons		
Barre	VT 05	641		·
Enter the Return code for the return that this application is	for (file a sepa	irate application for ea	ch return)	01
Application	Return	Application		Return
s For	Code	Is For		Code
Form 990 or Form 990-EZ	01	A STATE OF THE STA		2012 300000
Form 990-BL	02	Form 1041-A		08
Form 4720 (ındivıdual)	03	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
 The books are in care of ► Shannon Blais Telephone No. ► (802) 476-9626 If the organization does not have an office or place of the lift this is for a Group Return, enter the organization's fowhole group, check this box ►	ousiness in the ur digit Group f	United States, check t Exemption Number (GE	his box	. If this is for the
members the extension is for.				
 I request an additional 3-month extension of time unit For calendar year , or other tax year begin If the tax year entered in line 5 is for less than 12 months Change in accounting period State in detail why you need the extension . The to complete the return. 	ning Jul 1 onths, check rea	, 20 <u>12</u> , ason: Initial re	turn	i <u>on require</u> d
8 a If this application is for Form 990-BL, 990-PF, 990-T, nonrefundable credits. See instructions		· · · · · · · · · · · · · · · · · · ·	8a Ş	0.
b If this application is for Form 990-PF, 990-T, 4720, or payments made. Include any prior year overpayment with Form 8868	allowed as a c	redit and any amount i	paid previously	0.
c Balance due. Subtract line 8b from line 8a. Include y EFTPS (Electronic Federal Tax Payment System). Se	our payment we ee instructions	th this form, if require	d, by using 8c \$	0.
Signature and Veri	fication mus	st be completed fo	or Part II only.	
Under penalties of perjury, I declare that I have examined this form, including correct, and complete, and that I am authorized to prepare this form.	Λ Λ	edules and statements, and to		
Signature - Lee A White Title	· CD	<i>it</i>		2117/14
ВАА	FIFZ0502	01/21/13	Form	8868 (Rev 1-2013)