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Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

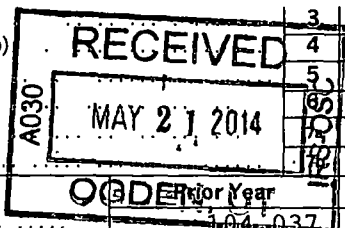
The organization may have to use a copy of this return to satisfy state reporting requirements.

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

Form header section containing B (Check if applicable), C (Name of organization), D (Employer Identification Number), E (Telephone number), F (Name and address of principal officer), G (Gross receipts), H(a) and H(b) (Affiliates), I (Tax-exempt status), J (Website), K (Form of organization), L (Year of Formation), M (State of legal domicile).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2. Discontinued operations, 3-6. Governance metrics, 7a-b. Revenue (8-12), 13-19. Expenses, 20-22. Net Assets or Fund Balances.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: Will Roberts, Date: 5/14/14

Preparer information: Lee A. White CPA, PFS, CFP, Date: 05/12/14, Firm: WHITE & ASSOCIATES

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

SCANNED JUN 23 2014

6-17 10

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission.

Advocates-Sexual Abuse Victims

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 73,483. including grants of \$ 0.) (Revenue \$ 109,641.)

O.U.R. House of Central Vermont, Inc. hosted 57 investigations iwth local law enforcement and Department for Children and Families investigators. Our Case Manager provided counseling support with 56 non-offending family members/caretakers and conducted 60 follow up calls with the families of children being interviewed. The Outreach Program conducted 27 presentations with 43 children and 36 adults. Staff members responded to 152 requests for information or referrals by telephone.

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

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

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses 73,483.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, employee reporting, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 3 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and compensation policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Karen Lauzon President	5.00	X						0.	0.	0.
(2) Regan Howard Treasurer	5.00	X						0.	0.	0.
(3) Joby Feecia Board Member	5.00	X						0.	0.	0.
(4) Catherin Harris Board Member	5.00	X						0.	0.	0.
(5) Tom Kelly Board Member	5.00	X						0.	0.	0.
(6) Holly Leach Board Member	5.00	X						0.	0.	0.
(7) Sylvia Lozier Board Member	5.00	X						0.	0.	0.
(8) David Orrick Board Member	5.00	X						0.	0.	0.
(9) Heather Silk Board Member	5.00	X						0.	0.	0.
(10) Katie Sweeney Board Member	5.00	X						0.	0.	0.
(11) Kerrie E. Greig Case Manager	40.00			X				27,503.	0.	0.
(12) William Roberts Executive Director	40.00	X						45,666.	0.	0.
(13)										
(14)										



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						73,169.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....									
<b>d Total (add lines 1b and 1c)</b> .....						73,169.	0.	0.	

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual* .....

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes' complete Schedule J for such individual* .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person* .....

**Section B. Independent Contractors**

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

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

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

**Part VIII** Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns . . . . .	1 a				
	b Membership dues . . . . .	1 b				
	c Fundraising events . . . . .	1 c	3,487.			
	d Related organizations . . . . .	1 d				
	e Government grants (contributions) . . . . .	1 e	103,042.			
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1 f	3,112.			
	g Noncash contributions included in lns 1a-1f. \$ . . . . .					
	<b>h Total.</b> Add lines 1a-1f . . . . .		<b>109,641.</b>			
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	2 a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts) . . . . .		24.	0.	0.	24.
	4 Income from investment of tax-exempt bond proceeds . . . . .					
	5 Royalties . . . . .					
	6 a Gross rents . . . . .	(i) Real				
		(ii) Personal				
		b Less: rental expenses . . . . .				
		c Rental income or (loss) . . . . .				
	d Net rental income or (loss) . . . . .					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses . . . . .				
		c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . .					
	8 a Gross income from fundraising events (not including \$ <u>3,487.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	a				
	b Less: direct expenses . . . . .	b				
	c Net income or (loss) from fundraising events . . . . .					
	9 a Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
b Less: direct expenses . . . . .	b					
c Net income or (loss) from gaming activities . . . . .						
10 a Gross sales of inventory, less returns and allowances . . . . .	a					
b Less: cost of goods sold . . . . .	b					
c Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		<b>Business Code</b>				
11 a -----						
b -----						
c -----						
d All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See instructions . . . . .		<b>109,665.</b>	<b>0.</b>	<b>0.</b>	<b>24.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,008.	43,205.	10,801.	18,002.
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	6,002.	3,601.	900.	1,501.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,366.	0.	4,366.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion	287.	0.	287.	0.
13 Office expenses	1,775.	1,402.	248.	125.
14 Information technology				
15 Royalties				
16 Occupancy	6,455.	5,551.	904.	0.
17 Travel	47.	47.	0.	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				
22 Depreciation, depletion, and amortization	6,530.	5,616.	914.	0.
23 Insurance	5,623.	4,611.	1,012.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Postage	93.	93.	0.	0.
b Dues & Subscriptions	870.	870.	0.	0.
c Telephone	2,851.	2,452.	399.	0.
d 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	2,011.	1	1,878.
	2	Savings and temporary cash investments	16,131.	2	7,651.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,877.	9	1,844.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 202,972.		
	10b	Less: accumulated depreciation	10b 107,017.	10c	95,955.
	11	Investments – publicly traded securities	6,926.	11	23,919.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	124,342.	16	131,247.	
LIABILITIES	17	Accounts payable and accrued expenses	6,383.	17	5,675.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	13,603.	23	9,794.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	19,986.	26	15,469.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	104,356.	27	115,778.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	104,356.	33	115,778.	
34	<b>Total liabilities and net assets/fund balances</b>	124,342.	34	131,247.	

BAA

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	109,665.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,236.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,571.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104,356.
5	Net unrealized gains (losses) on investments	5	16,993.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,778.

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: O.U.R. House of Central Vermont, Inc Employer identification number: 03-0324723

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

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

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') . . . . .	141,420.	135,252.	114,024.	104,037.	109,641.	604,374.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	2,220.	1,076.	16,922.	7,203.	0.	27,421.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	143,640.	136,328.	130,946.	111,240.	109,641.	631,795.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						631,795.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . . .	143,640.	136,328.	130,946.	111,240.	109,641.	631,795.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	137.	237.	145.	50.	24.	593.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	137.	237.	145.	50.	24.	593.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	5,459.	2,397.	3,977.			11,833.
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12) . . . . .	149,236.	138,962.	135,068.	111,290.	109,665.	644,221.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	98.07 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	98.19 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.09 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.10 %

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

**b 33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

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



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

Other Income Part III, Line 12 -----

Description: Other revenue -----

2008: 5459. -----

2009: 2397. -----

2010: 3977. -----

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

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

03-0324723

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

Table with 2 columns: Description, Amount. Rows include: 1 a If the organization elected, as permitted under SFAS 116..., b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		11,900.		11,900.
b Buildings		142,803.	64,913.	77,890.
c Leasehold improvements				
d Equipment		20,489.	16,619.	3,870.
e Other		27,780.	25,485.	2,295.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				95,955.

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

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

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

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

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

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 126,658, adjusted to 109,665.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 115,236, adjusted to 115,236.

Part XIII Supplemental Information

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

Series of horizontal dashed lines provided for entering supplemental information.

**Part XIII** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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.

Name of the organization

Employer identification number

O.U.R. House of Central 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 approval by members.

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

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

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

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.

**Depreciation and Amortization  
(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No **179**

Name(s) shown on return

Identifying number

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

03-0324723

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1
2	Total cost of section 179 property placed in service (see instructions)	2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13

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

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

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	6,312.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,227.	5.0 yrs	HY	S/L	123.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	07/12	3,859.	39 yrs	MM	S/L	95.
				MM	S/L	

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

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

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	6,530.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use.								
<b>27</b> Property used 50% or less in a qualified business use:								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B – Information on Use of Vehicles**

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

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

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

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

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

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

**Part VI Amortization**

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

**Form 4562**

**Depreciation and Amortization Report**

2012

O.U.R. House of Central Vermont, Inc  
 Form 990 - / Form 990EZ

Tax Year 2012  
 ▶ Keep for your records

03-0324723

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
DEPRECIATION												
Handicap deck and ramp		07/31/12	3,859		100.00			3,859	39.00	SL/MM		95
Computer Monitor		01/31/13	118		100.00			118	5.00	SL/HY		12
Digital Recorder		01/31/13	755		100.00			755	5.00	SL/HY		76
Table and chairs		05/20/13	354		100.00			354	5.00	SL/HY		35
SUBTOTAL CURRENT YEAR			5,086	0		0	0	5,086			0	218
FURNITURE		01/01/90	2,100		100.00			2,100	10.00	SL/HY	1,925	0
EQUIPMENT		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		01/01/91	125		100.00			125	5.00	SL/HY	125	0
COMPUTER		07/01/92	2,571		100.00			2,571	5.00	SL/HY	2,571	0
COMPUTER TABLE		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	SL/HY	58,698	3,172
REFRIGERATOR		07/12/94	220		100.00			220	10.00	SL/HY	220	0
TAPE BACKUP UNIT		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	SL/MM	591	44
ROOF		02/01/99	4,650		100.00			4,650	40.00	SL/MM	1,557	116
FIXTURES		02/26/99	648		100.00			648	10.00	SL/MM	647	0
FURNITURE		03/26/99	803		100.00			803	10.00	SL/MM	797	0
LAMPS, FUTON		04/23/99	486		100.00			486	10.00	SL/MQ	486	0
FUTONS, COVERS		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	SL/MM	249	0
SHELVES		06/04/99	900		100.00			900	10.00	SL/MM	900	0
CHAIRS, STOOLS, TABLE		06/18/99	631		100.00			631	10.00	SL/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	10.00	SL/MM	280	0
FIXTURES		09/24/99	585		100.00			585	10.00	SL/MQ	582	0
TELEPHONE SYSTEM		09/24/99	1,950		100.00			1,950	10.00	SL/MM	1,926	0
TELEPHONE SYSTEM		09/24/99	3,018		100.00			3,018	10.00	SL/MM	3,007	0
IBM THINKPAD		09/30/99	2,899		100.00			2,899	5.00	SL/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		03/01/02	340		100.00			340	5.00	SL/MM	340	0

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

**Form 4562**

**Depreciation and Amortization Report**

**2012**

O.U.R. House of Central Vermont, Inc  
Form 990 - / Form 990EZ

Tax Year 2012  
Keep for your records

03-0324723

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		10/17/06	953		100.00			953	5.00	SL/MM	946	0
DELL DESKTOP		10/17/06	794		100.00			794	5.00	SL/MM	787	0
DELL PROJECTOR		10/17/06	741		100.00			741	5.00	SL/MM	735	0
CCTV AND RECORDING SYSTEM		03/23/07	5,000		100.00			5,000	7.00	SL/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	SL/MM	151	44
BUILDING IMPROVEMENT		02/24/09	400		100.00			400	40.00	SL/MM	34	10
BUILDING IMPROVEMENT		04/07/09	286		100.00			286	40.00	SL/MM	23	7
DESK & CHAIR		06/30/09	1,431		100.00			1,431	10.00	SL/MM	435	143
Fire Proof Cabinet		05/10/10	420		100.00			420	5.00	SL/HY	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	500
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
TOTALS			191,072	11,900		0	0	191,072			100,489	6,530

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

**Form 4562**

**Alternative Minimum Tax Depreciation Report**

**2012**

O.U.R. House of Central Vermont, Inc  
 Tax Year 2012  
 Form 990 - / Form 990EZ

▶ Keep for your records

03-0324723

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	Adjustment/Preference
<b>DEPRECIATION</b>													
Handicap deck and ramp		07/31/12	3,859		100.00			3,859	39.00	SL/MM		95	0.
Computer Monitor		01/31/13	118		100.00			118	5.00	SL/HY		12	0.
Digital Recorder		01/31/13	755		100.00			755	5.00	SL/HY		76	0.
Table and chairs		05/20/13	354		100.00			354	5.00	SL/HY		35	0.
<b>SUBTOTAL CURRENT YEAR</b>			<b>5,086</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>5,086</b>			<b>0</b>	<b>218</b>	<b>0.</b>
<b>FURNITURE</b>		01/01/90	<b>2,100</b>		100.00			<b>2,100</b>	<b>15.00</b>	<b>SL/HY</b>	<b>2,100</b>		
<b>EQUIPMENT</b>		01/01/90	<b>1,100</b>		100.00			<b>1,100</b>	<b>5.00</b>	<b>SL/HY</b>	<b>1,100</b>		
<b>FURNITURE</b>		01/01/91	<b>825</b>		100.00			<b>825</b>	<b>15.00</b>	<b>SL/HY</b>	<b>825</b>		
<b>EQUIPMENT</b>		01/01/91	<b>125</b>		100.00			<b>125</b>	<b>5.00</b>	<b>SL/HY</b>	<b>125</b>		
<b>COMPUTER</b>		07/01/92	<b>2,571</b>		100.00			<b>2,571</b>	<b>5.00</b>	<b>SL/HY</b>	<b>2,571</b>		
<b>COMPUTER TABLE</b>		06/01/93	<b>100</b>		100.00			<b>100</b>	<b>15.00</b>	<b>SL/HY</b>	<b>100</b>		
<b>LAND-38 SUMMER ST</b>		12/30/93	<b>0</b>	<b>11,900</b>	100.00								
<b>BUILDING-38 SUMMER ST</b>		12/30/93	<b>126,889</b>		100.00			<b>126,889</b>	<b>5.00</b>	<b>SL/HY</b>	<b>126,889</b>		
<b>REFRIGERATOR</b>		07/12/94	<b>220</b>		100.00			<b>220</b>	<b>15.00</b>	<b>SL/HY</b>	<b>220</b>		
<b>TAPE BACKUP UNIT</b>		02/12/96	<b>263</b>		100.00			<b>263</b>	<b>5.00</b>	<b>SL/HY</b>	<b>263</b>		
<b>BUILDING RENOVATIONS</b>		12/31/98	<b>1,745</b>		100.00			<b>1,745</b>	<b>50.00</b>	<b>SL/MM</b>	<b>1,745</b>		
<b>ROOF</b>		02/01/99	<b>4,650</b>		100.00			<b>4,650</b>	<b>40.00</b>	<b>SL/MM</b>	<b>1,555</b>	<b>116</b>	<b>0.</b>
<b>FIXTURES</b>		02/26/99	<b>648</b>		100.00			<b>648</b>	<b>10.00</b>	<b>SL/MM</b>	<b>648</b>		
<b>FURNITURE</b>		03/26/99	<b>803</b>		100.00			<b>803</b>	<b>10.00</b>	<b>SL/MM</b>	<b>803</b>		
<b>LAMPS, FUTON</b>		04/23/99	<b>486</b>		100.00			<b>486</b>	<b>10.00</b>	<b>SL/MQ</b>	<b>486</b>		
<b>FUTONS, COVERS</b>		04/23/99	<b>1,599</b>		100.00			<b>1,599</b>	<b>10.00</b>	<b>SL/MQ</b>	<b>1,599</b>		
<b>FURNITURE</b>		05/31/99	<b>249</b>		100.00			<b>249</b>	<b>10.00</b>	<b>SL/MM</b>	<b>249</b>		
<b>SHELVES</b>		06/04/99	<b>900</b>		100.00			<b>900</b>	<b>10.00</b>	<b>SL/MM</b>	<b>900</b>		
<b>CHAIRS, STOOLS, TABLE</b>		06/18/99	<b>631</b>		100.00			<b>631</b>	<b>10.00</b>	<b>SL/MM</b>	<b>631</b>		
<b>DOLLHOUSE</b>		06/18/99	<b>604</b>		100.00			<b>604</b>	<b>5.00</b>	<b>SL/HY</b>	<b>604</b>		
<b>8 CHAIRS</b>		07/15/99	<b>1,764</b>		100.00			<b>1,764</b>	<b>10.00</b>	<b>SL/MM</b>	<b>1,764</b>		
<b>LAMPS</b>		07/27/99	<b>280</b>		100.00			<b>280</b>	<b>10.00</b>	<b>SL/MM</b>	<b>280</b>		
<b>FIXTURES</b>		09/24/99	<b>585</b>		100.00			<b>585</b>	<b>10.00</b>	<b>SL/MQ</b>	<b>585</b>		
<b>TELEPHONE SYSTEM</b>		09/24/99	<b>1,950</b>		100.00			<b>1,950</b>	<b>10.00</b>	<b>SL/MM</b>	<b>1,950</b>		
<b>TELEPHONE SYSTEM</b>		09/24/99	<b>3,018</b>		100.00			<b>3,018</b>	<b>10.00</b>	<b>SL/MM</b>	<b>3,018</b>		
<b>IBM THINKPAD</b>		09/30/99	<b>2,899</b>		100.00			<b>2,899</b>	<b>5.00</b>	<b>SL/MM</b>	<b>2,899</b>		
<b>PHOTOCOPIER</b>		11/30/01	<b>1,325</b>		100.00			<b>1,325</b>	<b>5.00</b>	<b>SL/MM</b>	<b>1,325</b>		
<b>COMPUTER</b>		02/22/02	<b>2,467</b>		100.00			<b>2,467</b>	<b>5.00</b>	<b>SL/MM</b>	<b>2,467</b>		
<b>PRINTER</b>		02/28/02	<b>281</b>		100.00			<b>281</b>	<b>5.00</b>	<b>SL/MM</b>	<b>281</b>		
<b>VENTURA REFLECTIVE OVE</b>		03/01/02	<b>340</b>		100.00			<b>340</b>	<b>5.00</b>	<b>SL/MM</b>	<b>340</b>		

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

**Form 4562**

**Alternative Minimum Tax Depreciation Report**

**2012**

O.U.R. House of Central Vermont, Inc  
 Tax Year 2012  
 Form 990 - / Form 990EZ

Keep for your records

03-0324723

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	Adjustment/Preference
PRESENTATION BOARD/FRA		03/01/02	322		100.00			322	5.00	SL/MM	322		
COMPUTER		08/19/05	1,225		100.00			1,225	5.00	SL/MM	1,225		
DELL LAPTOP		10/17/06	953		100.00			953	5.00	SL/MM	953		
DELL DESKTOP		10/17/06	794		100.00			794	5.00	SL/MM	794		
DELL PROJECTOR		10/17/06	741		100.00			741	5.00	SL/MM	741		
CCTV AND RECORDING SYS		03/23/07	5,000		100.00			5,000	7.00	SL/MM	3,780	714	5.
CARPETING		11/20/08	3,230		100.00			3,230	40.00	SL/MM	293	81	0.
NEW TILE		01/09/09	1,744		100.00			1,744	40.00	SL/MM	151	44	0.
BUILDING IMPROVEMENT		02/24/09	400		100.00			400	40.00	SL/MM	34	10	0.
BUILDING IMPROVEMENT		04/07/09	286		100.00			286	40.00	SL/MM	23	7	0.
DESK & CHAIR		06/30/09	1,431		100.00			1,431	10.00	SL/MM	435	143	0.
Fire Proof Cabinet		05/10/10	420		100.00			420	5.00	SL/HY	210	84	0.
Printer		05/18/10	130		100.00			130	5.00	SL/HY	65	26	0.
Air Conditioner		05/24/10	265		100.00			265	5.00	SL/HY	133	53	0.
Air Conditioner		06/02/10	160		100.00			160	5.00	SL/HY	80	32	0.
Firewall		06/30/10	2,500		100.00			2,500	5.00	SL/HY	1,250	500	0.
Keypad Entry System		12/30/10	1,505		100.00			1,505	5.00	SL/HY	452	301	0.
Alarm System		04/20/11	2,286		100.00			2,286	5.00	SL/HY	686	457	0.
Computer		12/09/11	1,077		100.00			1,077	3.00	150DB/HY	269	404	75.
Printer		12/22/11	100		100.00			100	3.00	150DB/HY	25	37	7.
SUBTOTAL PRIOR YEAR			185,986	11,900		0	0	185,986			170,243	3,009	87.
TOTALS			191,072	11,900		0	0	191,072			170,243	3,227	87.

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

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**Supporting Statement of:**

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Form 990 p 9/Government Grants

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

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**Supporting Statement of:**

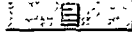

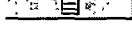
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Form 990 p 9/Other amt. not included

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

Form 990 p 10: Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**

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

The following items carry to line 22 below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>A</b> Depreciation . . . . .	6,530.	5,616.	914.	0.
<b>B</b> Depletion . . . . .				
<b>C</b> Amortization . . . . .				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
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	<u>27,780.</u>

**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	<u>25,485.</u>

**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	<u>6,383.</u>

**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	<u>5,675.</u>

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	O.U.R. House of Central Vermont, Inc	03-0324723
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	38 Summer Street, Barre	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Barre	VT 05641

Enter the Return code for the return that this application is for (file a separate 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 (individual)	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 the care of ▶ Shannon Blais -----

Telephone No. ▶ (802) 476-9626 ----- FAX No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 18 \_\_, 20 14 \_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning Jul 1 \_\_, 20 12 \_\_, and ending Jun 30 \_\_, 20 13 \_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Name of exempt organization or other filer, see instructions: O.U.R. House of Central Vermont, Inc
Employer identification number (EIN) or Social security number (SSN): 03-0324723
Number, street, and room or suite number, if a P.O. box, see instructions: 38 Summer Street, Barre
City, town or post office, state, and ZIP code, For a foreign address, see instructions: Barre VT 05641

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (section 401(a) or 408(a) trust), Form 990-T (trust other than above).

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of Shannon Blais
Telephone No. (802) 476-9626 FAX No.
If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... If this is for the whole group, check this box ... If it is for part of the group, check this box ... and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until May 15, 2014.
For calendar year, or other tax year beginning Jul 1, 2012, and ending Jun 30, 2013.
If the tax year entered in line 5 is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: The client has been unable to get the information required to complete the return.

Table with 3 columns: Description, Amount, Amount. Rows: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: Lisa A White Title: CPA Date: 2/17/14