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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2012

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

B Cheek of appealation Name of organization	A	For the	2012 calenda	ar year, or	tax year	beginnin	9	January 1		, 201	2, an	d endir	١g	De	cembe	r 31 ,	, 20	12
Name change	В	Check if ap	phcable.	C Name of	f organizati	ion								D Emp	loyer id	lentification n	umber	,
Transvariant Temmorated		Address c	hange	Rutland L	Inited Ne	ighborho	oods, Inc.								1	6-1644508		
Termentated 128 Merchants Row 401 802-770-3384 City of tron, state or country, and ZIP + 4 F Group Exemption Revenue City of tron, state or country, and ZIP + 4 F Group Exemption Revenue City of tron, state or country, and ZIP + 4 F Group Exemption F Group Exemption Revenue City of tron, state or country, and ZIP + 4 F Group Exemption F Group Exempt	님		-	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep						phone n	umber	_						
Cry or town, state or country, and 2iP + 4	H			128 Merci	hants Ro	₩						401			80	2-770-5364		
Revenue Revenue Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 109,000.00	H	City or town, state or country, and ZIP + 4										F Gro	up Exe	mption				
Accounting Method	ŏ			Rutland, 1	VT 05701	-5914								Nur	nber I	•		
Website: ► www.uncjc.org	G	Account	ing Method				Other (specify) >					Н	Check	▶ 🕢	if the organiz	ation	ıs not
Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)() → ((neart no.) ☐ 4947(a)(1) or ☐ 527 Form 990.090-EZ or 990-PEZ or 990-PEZ or 190-PEZ or 101 or 100 or 1	ı	Websit	e: www.	runcic.org	ı			·										
K Check If the organization is not a section 500(a)(s) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-E2 or Form 990-E2 interesting the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross necepts are \$200,000 or more, or if total assets (Part III), inne 25, octume (P) below) are \$500,000 or more, the Form 990 neture of person 990-E2	J	Tax-exem				01(c)(3)	501(c) () ◀ (insert no	0) 🗆 4	947(a)(1)	or	527	·	•				
not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross incomplete return. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check if the organization used Schedule O to respond to any question in this Part I				-								7 organ	ızat	on and i	ts aros	s receints are	norm	nally
the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross mecepts. If gross recepts are \$200,000 or more, or if total assets (Part II), line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Contributions, gifts, grants, and similar amounts received.		not more																
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16 Other expenses (describe in Schedule O)	9	14	Occupancy	y, rent, uti	lities, an	d mainte	enance .		ľL					<u> </u>	14			
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18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17		-										. ▶		· -		
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20 Other changes in net assets or fund balances (explain in Schedule O)	455												_		19		42.4	03.24
2 21 Net assets or fund balances at end of year. Combine lines 18 through 20	et/	20	Other chan	iges in ne	t assets	or fund	balances (exi	plain in Sche	dule (O)					-		,	<u></u>
	Ž	21													-		13.2	44.91

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2012)

Pa	Balance Sneets (see the instructions to	•				
	Check if the organization used Schedule	O to respond to a	ny question in this		_	
22	Cach aguings and investments			(A) Beginning of year		(B) End of year
23	Cash, savings, and investments			42,403.24	23	68,676.53
24	Other assets (describe in Schedule O)				24	
25	Total assets			42,403.24		68,767.53
26	Total liabilities (describe in Schedule O)			37,344.40		55,431.62
27	Net assets or fund balances (line 27 of column			5,058.84		13,244.91
Par	Statement of Program Service Accom	plishments (see th	e instructions for			
	Check if the organization used Schedule				(Rec	Expenses juired for section
Wha	t is the organization's primary exempt purpose?	Restorative Justice	and Community Dia	ogue	501(c)(3) and 501(c)(4)
Desc	nbe the organization's program service accomplis	shments for each o	f its three largest i	orogram services,		rizations and section 7(a)(1) trusts, optional
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provide	d, the number of		others)
28	Community Justice Center Restorative Justice progr	ams for Rutland City	neighborhoods, vo	unteer and staff		
	training, Reentry services					
29	(Grants \$ 109,000) If this amount		***		28a	109,000
29						
	(Grants \$) If this amount	ıncludes foreign gra	ints check here		29a	, [
30	The arrivation of the second o				230	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	> 🗆	30a	ı
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	109,000
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					·
	Check if the organization used Schedule	1	(c) Reportable	Part IV		· · · · <u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS) (if not paid, enter -0-	contributions to employ benefit plans, and	0	Estimated amount of other compensation
Thor	nas Giffin		(ii Not paid, etter -0-	y delerred compensatio	+	
	dent	2 hours/week				
	Fernandez	2 Hours week			+	
	President	2 hours/week	4	<u>-</u>		
	Cohen				_	
Trea	surer	2 hours/week	<u> </u>)		
Johr	Casserino					
Secr	etary	2 hours/week		-	\bot	
	e Walsh		l			
	utive Director	29 hours/week	49,880.0	0 -	0-	
	m Mcmore					
	try Navigator	40 hours/week	38,480.0	0	<u>0- </u>	
	beth Bellany orative Justice Case Manager	20 hours/week	0.545.6		_	
KESI	orange Justice Case manager	20 Hours/week	9,545.6	4	0-	
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		1	1			
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	·		-			

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie .	-9
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>v</u> .	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	Ť
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	_		
b 38a	Did the organization file Form 1120-POL for this year?	37b	-	✓
304	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	/
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ Vermont			
42a	· · · · · · · · · · · · · · · · · · ·	802-77		
h	Located at ► 128 Merchants Row, Suite 401 Rutland, VT ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	05701	1-5914	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	. -
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ ⊔
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

	•								Yes	No		
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities o	on behalf	of or	in opposit	1				
		ndidates for public office? If "Yes," of Section 501(c)(3) organizations		, Part I	• • •	• •	• • •	· 46		✓		
Part V		All section 501(c)(3) organizations		etions 47_49h and	d 52 and		nalata th	o tablaa	for lin			
		50 and 51	s must answer que	3110113 47 -430 airi	J JZ, AIIC	COI	iipiete tri	e labies	IOI IIII	62		
		Check if the organization used Sci	hedule O to respond	to any question in	this Part	V/I						
		oneon in the organization does con	reduic O to respond	to any question in	T LIIO T LII	<u> </u>	· · ·	· · ·	Yes	No		
47 [Did th	ne organization engage in lobbying	activities or have a	section 501(h) elect	ion in eff	ect d	uring the	tax 🗀	103	110		
		If "Yes," complete Schedule C, Par						. 47	,	1		
-		organization a school as described in		i)? If "Yes " complete	e Schedul	٩F				\ <u>\</u>		
		ne organization make any transfers to		•					\rightarrow			
b If "Yes," was the related organization a section 527 organization?												
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and I												
6	emplo	oyees) who each received more than	\$100,000 of comper	sation from the org	anization.	If th	ere is non	e, enter "	None."	,		
			(b) Average	(c) Reportable			penefits,		-			
	(a)	Name and title of each employee paid more than \$100,000	hours per week	compensation	henefit o		o employee ind deferred	(e) Estima	ited amoi impensat			
		,	devoted to position	(Forms W-2/1099-MISC		mpen						
None												
					\bot							
	F . 4 . 1		A 100 000		l	_						
		number of other employees paid ov		. •		.			_			
		plete this table for the organization 000 of compensation from the orga			nt contrac	tors	who each	receive	d more	than		
	\$100,	conpensation nom the orga	unization. Il triefe is fic	The, enter None.								
(a) N	ame a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of se	ervice		(c)) Compensa	ition			
None			=			\neg		-				
	•••••			-								
						T						
						ŀ						
	-					7				-		
						ŀ						
							_					
						ŀ						
d 7	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶			0-				
		ne organization complete Schedule			ns and 49	47(a)	(1)					
r	none	kempt charitable trusts must attach	a completed Schedul	eA	<u></u>	<u></u>	<u> </u>	► 🗸 Ye	:s 🔲	No		
		of perjury, I declare that I have examined this						nowledge a	nd belief	, it is		
	ect, and	d complete Declaration of preparer (other than	Officer) is based on all into	ormation of which prepare	er nas any kr	owied	ige					
Cian	1	Syrre) Walsh					4/10/13	3				
Sign		y Signature of oπicer				Date	,					
Here		Lynne R. Walsh, Executive Director Type or print name and title	or									
	Щ,		Preparer's signature	- <u> </u>	Date			PTIN				
Paid		Print/Type preparer's name	reparer s signature		Date		Check	l nf [
Prepa				<u>. </u>				self-employed				
Use O	nly	Firm's name					's ElN ▶					
May the	IRS	Firm's address ► Phone no.										
							<u> </u>	<u>- ب</u>				

Form 990-EZ (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name	of the organization							imployer ic	entificatio	n number	
	nd United Neighbor							16-1644508			
Par			rity Status (All orga						nstruction	ons.	
The 6 1 2 3 4	☐ A church, cond☐ A school desc☐ A hospital or a☐ A medical rese	vention of churc ribed in section a cooperative hos	ntion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schede ation desc	s describe ule E.) cribed in	ed in sec section [.]	tion 170(170(b)(1)([b)(1)(A)(i (A)(iii).		(iii). Enter the	
5											
6 7	= =										
8 9	2										
10 11	An organization	on organized ar one or more pub	operated exclusively nd operated exclusive licly supported organ describes the type of	ely for th	e benefi describe	t of, to p	perform ton 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). See section	
е	a Type I By checking the other than four section 509	ndation manage	II c Type III that the organization ers and other than one	ıs not co	ntrolled o	- Irrectly or	indirectly	y by one	or more	tionally integrated disqualified persons d in section 509(a)(1)	
f	If the organization, organization, or		written determination	on from	the IRS	that it is	a Type	I, Type I	l, or Typ	• • • • • • • • • • • • • • • • • • • •	
g	•	17, 2006, has t	he organization accep	oted any	gift or co	ontributio	on from a	ny of the	· ·	[]	
	(i) A person v	who directly or i	ndirectly controls, eitlody of the supported o	her alone organizat	or toget	her with	persons	describe	din (iı) a	nd Yes No	
			on described in (i) abo							11g(n)	
			a person described in							11g(üi)	
h			on about the supporte								
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	anization (iv) Is the organization (v) Did in set 1-9 in col (i) Issted in your the organization governing document?		the orgai	rganization in orga		s the tion in col zed in the S ?	(vii) Amount of monetary support	
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)	······································										
(D)											
(E)											
			İ		1	ĺ	1	1		į	

Par	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	1 -3
•	(Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Sect	ion A. Public Support	y quality diffue	er tire tests its	sted below, p	iease comple	te Part III.)	
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,500.00			95,250.00	109,000.00	441,132.21
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	72,5000.00	74,882.21	89,500.00	95,250.00	109,000.00	441,132.21
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		ļ				441,132.21
	ion B. Total Support	·					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	72,500.00	74,882.21	89,500.00	95,250.00	109,000.00	441,132.21
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	706.26	240.45	191.94	61.27	107.17	1,307.09
9	Net income from unrelated business activities, whether or not the business is regularly carned on	700.20	240.43	131.54	01.27	107.17	1,307.03
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						442,439.30
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he		· · · · ·		<u> </u>	<u> </u>	· · ▶ 🗀
	ion C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6					14	99.70 %
15	Public support percentage from 2011 Sch					15	99.99 %
16a	331/3% support test - 2012. If the organization and other hard. The organization are						
	box and stop here. The organization qua			_			
ь	331/3% support test—2011. If the organ check this box and stop here. The organ	nization did no ization qualifie	s as a publicly	c on line 13 or supported org	16a, and line janization .	15 is 33½% ·	or more, ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part IV how the organization meets the "f organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	id stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	"facts-and-ci	rcumstances" tances" test. T	test, check th	is box and sto	publicly
18	Private foundation. If the organization di				 . or 17b. chec	k this box and	. ► L
	instructions						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2012

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization **Employer identification number Rutland United Neighborhoods, Inc** 16-1644508 Part 1 Line 16 Expenses: 15,847.60 FICA and Medicare Internet Website 929.19 Officers/Director Liability Ins 1,666.32 **Neighborhood Meetings** 16.00 Meeting Expenses 202.84 Advertising 625.00 3274.68 Travel Training 1211.72 2608.81 Phone 880.44 Equipment 187.99 **Total Other Expenses Line 16.** 27,450.59 Part 2 Line 26 Total Liabilities **Deferred Revenue DOC grant** 54,065.51 **Deferred Revenue National Night Out** 1366.11 **Total Liabilities Line 26** 55431.62