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Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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

Open to Public Inspection

National return National r		A	For the 2012 calendar year, or tax year beginning , 2012, and ending ,							
Note change Product					D En	nployer identific	ation number			
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Appleadup period Accounting Method: Cash Accrual Other (specify)		=		IMONTPELIER VT 05601.	1 (802) 229-	-1659			
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Tax-exempt status (check only one) —		G	Acco	unting Method: X Cash Accrual Other (specify) ► H Chec	:k ►	If the orga	nization is not			
K Check If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-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 Innes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it total assets (Part II, line 25, column (B) below) are \$50,000 or more, file form 990 instead of Form 990-EZ				WWW.110110120210110						
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Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 -3, 292.	S	E	l			-				
Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 -3, 292.	Z	S	ļ		• •	\vdash				
Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 -3, 292.		S	l .	ODD COUDDING O						
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 19 -10,793. 20 -3,292.			1	· · · · · · · · · · · · · · · · · · ·	_					
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 19 -10,793. 20 -3,292.	Ē			· · · · · · · · · · · · · · · · · · ·						
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 20 -3, 292.		Ą	10			\vdash	7,501.			
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 20 -3, 292.		NS	19	10	10 700					
		ŦŢ	20	Other changes in net assets or fund balances (overlain in Schodule O)		\vdash	-10, /93.			
	읈	3		- · · · · · · · · · · · · · · · · · · ·	•		=3 202			
		BA		Paperwork Reduction Act Notice, see the separate instructions.		' '	rm 990-EZ (2012)			

	990-EZ (2012) NOISE POLLUTION		NC.		31-1	1601	550 Page 2
Par	Balance Sheets. (see the inst Check if the organization used Sche	tructions for Part II.) dule 0 to respond to any qu	estion in this Part II				<u> </u>
	0			(A) Beginning of			(B) End of year
22 23	Cash, savings, and investments Land and buildings	• • • • • • • • • • • • • • • • • • • •		-4,		22	-30.
24	Other assets (describe in Schedule O)	SEE SCHEDULE	E O }	5 1		24	4,509.
25	Total assets	· · · · <u>· _ · _ · _ · _ · _ · _ · _ · _</u>				25	4,479.
	Total liabilities (describe in Schedule O)		•		514.	26	7,771.
	Net assets or fund balances (line 27 of c			-10,	<u> 793. l</u>	27	-3,292.
Par	tilli Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst nedule O to respond to any o	rs for Part III.) Juestion in this Part	Ш	X (F	Reguir	Expenses red for section 501
What	s the organization's primary exempt purpose? SEE	SCHEDULE O				c)(3) a	and 501(c)(4)
Desc	ribe the organization's program service as sured by expenses. In a clear and concise	ccomplishments for each of	ts three largest progress provided the nu	gram services, as	5 49	947(a)	(1) trusts, optional
bene	fited, and other relevant information for e	ach program title.			TC	or othe	ers.)
28	NOISE POLLUTION CLEARINGH						
	POLLUTION- CREATES, COLLE SAME.	CIS AND DISTRIBUTE	22 INFORMATIO	N ON THE			
	(Grants \$) If the	is amount includes foreign gi	rants, check here		T 2	28 a	63,438.
29							
	(Grants \$) If th	is amount includes foreign g	rants check hare		┍┪╸	29 a	
30	(Grants \$) It th	is amount includes loreign g	rants, check here		1 4	29 a	
					1	- \	
						ĺ	
		is amount includes foreign g	rants, check here		3	30 a	
31	Other program services (describe in Sch (Grants \$) If th	edule O) is amount includes foreign g	rants check here			31 a	
32	Total program service expenses (add lin		rants, check here.			32	63,438.
	t'IV List of Officers, Directors,	Trustees, and Kev Emp	lovees. List each one	e even if not compens	sated (s	ee the ii	
	Check if the organization used Sc	hedule O to respond to any	question in this Part	IV	• •		
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISC (If not paid, enter -0-)	bonefit place	employond deferr	ee red	(e) Estimated amount of other compensation
DI	<u>LINE_BRONZAFT</u>	2		0.		0.	0.
	TER_RABINOWITZ			_			_
	RECTOR D WETHERILL	2		0.		0.	0.
	RECTOR	2		0.		0.	0.
LES	BLOMBERG						· · · · · · · · · · · · · · · · · · ·
	ECUTIVE DIREC	40	24,25	5.		0.	0.
	NRY_LABALMEAIRMAN	2		0.		0.	0
<u>C111</u>	ATIO-IAN			0.		" 	0.
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BAA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TEEA0812L	03/14/13				Form 990-EZ (2012)

Form 990-EZ (2012) NOISE						1601550	
Part V Other Information	n (Note the Sci	hedule A and p	ersonal be	nefit contract statemen	t requirements inSEE	SCHEDULE	$\overline{\circ}$

Page 3

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
provide a detailed description of each activity in Schedule Q \ldots	33		X
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		
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		<u>X</u>
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
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	35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant	35 C		_X_
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	ļ	Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b Did the organization file Form 1120-POL for this year?	37 b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		
b If 'Yes,' complete Schedule L, Part II and enter the total	30 a		4
amount involved 38 b N/A			
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 39 a N/A N/A			
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
section 4911 • 0 .; section 4912 • 0 .; section 4955 • 0.			
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			
	40 b		v
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	400		X
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			
e 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	40 e		Х
	,		4.
41 List the states with which a copy of this return is filed NONE			
41 List the states with which a copy of this return is filed ► NONE			
42 a The organization's		550	
42 a The organization's books are in care of ► LES BLOMBERG Telephone no. ► 802-22		659_	
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT ZIP + 4 ► 05602	29-1	659_ Yes	
42 a The organization's books are in care of ► LES BLOMBERG Telephone no. ► 802-22	29-1		
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	29-1		No
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	29-1		No
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	29-1		No
42 a The organization's books are in care of ► LES BLOMBERG Telephone no. ► 802-22 Located at ► STATE STREET MONTPELIER VT ZIP + 4 ► 05602 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.►	29-1		No
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	29-10 42b		No X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S?	29-1		No
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	29-10 42b		No X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S?	29-10 42b		No X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S?	29-10 42b		No X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	29-10 42b		No X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country.►	29-10 42b	Yes	No X X X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country. 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	29-10 42b		No X X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	29-10 42b	Yes	No X X N/A N/A
42a The organization's books are in care of books are books are in care of the ca	29-10 42b 42c	Yes	No X X X N/A N/A No X
42 a The organization's books are in care of DES BLOMBERG Located at STATE STREET MONTPELIER VT Description of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country. 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 completed instead of Form 990-EZ 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	42b 42c 44a 44a	Yes	No X X N/A N/A No X
42a The organization's books are in care of LES BLOMBERG Located at STATE STREET MONTPELIER VT At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country: 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 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year?	29-10 42b 42c	Yes	No X X X N/A N/A No X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT 2IP + 4 ► 05602 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country.► 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 completed instead of Form 990-EZ 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	42b 42c 44a 44a	Yes	No X X N/A N/A No X
42a The organization's books are in care of LES BLOMBERG Located at STATE STREET MONTPELIER VT At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 42c	Yes	No X X N/A N/A No X
42 a The organization's books are in care of ► LES BLOMBERG Located at ► STATE STREET MONTPELIER VT At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country. 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 completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes,' browled an explanation in Schedule O	42b 42c 42c	Yes	No X N/A N/A No X X

Form 990-EZ (2012)	NOISE	POLLUTION	CLEARING	HOUSE.	INC.

31-1601550

Page 4
Yes No

	d the organization engage, directly or indire indidates for public office? If 'Yes,' complete		gn activities on behalf c	f or in opposition to	46		X
PartV	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only ons must answer q	uestions 47-49b and	d 52, and complete	the table	:S	
	Check if the organization used Schedu	le O to respond to any	question in this Part VI			_	
	the organization engage in lobbying activities mplete Schedule C, Part II	or have a section 501(h	election in effect during	the tax year? If 'Yes,'	47	Yes	No
	the organization a school as described in s	 ection 170(b)(1)(A)(ii)?	If 'Yes.' complete Sche	 dule E	48		X
	d the organization make any transfers to ar		· ·		49 a		X
	Yes,' was the related organization a section	•	•	• • •	49 b		
	implete this table for the organization's five hig iployees) who each received more than \$100,0				ey		
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE							
						_	
		1					
51 Co	ital number of other employees paid over \$ implete this table for the organization's five hig impensation from the organization. If there	hest compensated indep	endent contractors who ea	ach received more than \$	100,000 of		
	a) Name and address of each independent contractor paid	I more than \$100,000	(b) Type	of service	(c) Comp	ensatio	n
NONE							
							
					ļ		
d To	tal number of other independent contractor	s each receiving over S	\$100,000	•			
52 Di	d the organization complete Schedule A? N aritable trusts must attach a completed Sch	ote: All section 501(c)		47(a)(1) nonexempt	► X Yes	. [No
Under pen true, corre	alties of perjury, I declare that I have examined this return ct, and complete. Declaration of preparer (other than offic	, including accompanying sche er) is based on all information	edules and statements, and to the of which preparer has any know	e best of my knowledge and be ledge	elief, it is		
	Signature of Afficer	~		1(/18)			
Sign Here				Date V C	~		
пеге	LES BLOMBERG Type or print name and title			EXECUTIVE DIRE	<u>C</u>		
	Print/Type preparer's name	Preparer's signature	Date		TIN		
Paid	ROBERT PACE CPA	ROBERT PACE CI	PA tr//S		0011941	7	
Prepare							
Use On	y Firm's address ► PO BOX 603		-	Firm's EIN ►	26-1546	526	
	MONTPELIER, VT	05601-0603		Phone no (80			1
May the							No
way the	IRS discuss this return with the preparer s	hown above? See instr	uctions .		. ► X Yes	; ∐	NO

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

Name o	e of the organization Employer identification number												
		POLLUTION CLE	ARING HOUSE,	INC.					31-16	501550	ļ		
Part				(All organizations					See II	nstructi	ons.		
The o	rga	•		e it is: (For lines 1 throi	•		-	•					
1		A church, convention	of churches or assoc	iation of churches desc	cribed in	section	170(b)	(1)(A)(i)	•				
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3		A hospital or a coope	rative hospital service	e organization describe	d in sec	tion 170)(b)(1)(A	X(iii).					
4		A medical research o	rganization operated	in conjunction with a h	ospital c	describe	d in sec	tion 17	0(b)(1)(A	V(iii) . En	ter the hos	pital's	;
	Τ	name, city, and state	:										
5		An organization operat 170(b)(1)(A)(iv). (Cor	ed for the benefit of a complete Part II.)	college or university own	ed or ope	erated by	a gover	nmental	unit des	scribed in	section		
6		A federal, state, or lo	cal government or go	vernmental unit descri	bed ın s	ection 1	70(b)(1)	(A)(v).					
7	X	in section 170(b)(1)(A	A)(vi). (Complete Par		•		ental uni	t or from	the ger	eral publ	ic described	i	
8		A community trust de	escribed in section 17	0(b)(1)(A)(vi). (Comple	te Part I	l.)							
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 orga	nized and operated e	xclusively to test for pu	ıblıc safe	ety 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! b		Type III — Function	nally inte	egrated		ı □ -	Type III	– Non-fi	unctionally	ıntear	ated
е		By checking this box.	ر المالية رايا المالية والمالية المالية	anization is not controll an one or more publicly s	led direc	tlv or in	directly	by one	or more	disquali	fied persor	_	aica
f		If the organization rece check this box	eived a written determir	nation from the IRS that i	s a Туре	I, Type	ll or Typ	e III sup	porting o	organizatio	on,		
g		Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	?		
												Yes	No
		(i) A person who obelow, the gove	firectly or indirectly co erning body of the sup	ontrols, either alone or opported organization?	together	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		
		(ii) A family member	er of a person descrit	oed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11 g (iii)		
h				e supported organization							119()		
		(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	organiz column (l	s the ation in) listed in	(v) Did yo the organ column (ization in	organiz	s the ation in nn (i)	(vii) Amoun sup	t of mon	etary
				(see instructions))	docur	verning ment?		oort?		ed in the S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(D)													
<u>(B)</u>								<u> </u>					
(C)													
<u>(D)</u>											<u>-</u> .		
<u>(E)</u>													
Total		i											

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.)

Sect	tion A. Public Support						
begiı	ndar year (or fiscal year nning 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.')	91,145.	61,097.	60,426.	61,466.	47,908.	322,042.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3 .	91,145.	61,097.	60,426.	61,466.	47,908.	322,042.
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).						13,520.
6	Public support. Subtract line 5 from line 4						308,522.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	91,145.	61,097.	60,426.	61,466.	47,908.	322,042.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV		150.			1,800.	1,950.
11	Total support. Add lines 7 through 10						323,992.
12	Gross receipts from related activ	rities, etc (see ins	tructions) .			12	127,621.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Pu	blic Support P	ercentage	 .			· -· · · · · · · · · · · · · · · · ·
14	Public support percentage for 20)12 (line 6, columi	n (f) divided by lin	e 11, column (f))		14	95.23%
15	Public support percentage from	2011 Schedule A,	Part II, line 14.		•	15	93.33%
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization qualifies as a pul	did not check the plicly supported or	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box
t	b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	17a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.						
	or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization	IV how the
18	Private foundation. If the organi	zation did not che	eck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions
BAA					Sc	nedule A (Form 90	90 or 990-EZ) 2012

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	ithe organization fails
to qualify under the tests listed below, please complete Part II)	

Calendar year (er fiscal yr beginning in) * (a) 2009 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Office, greatly contributions received. (Do not Include Styl Unstalled great) the services performed, or facilities received. (Do not Include Styl Unstalled great) the services performed, or facilities related to the organization standard and services performed, or facilities related to the organization standard and services performed to the organization standard and services performed to the organization standard and standard services and services performed to the organization standard and standard services are governmental unit to the organization without change 6 Total. Add lines 1 through 5 A amounts and beautiful and services are governmental unit to the organization without change 6 Total. Add lines 1 through 5 A amounts and beautiful and services are governmental unit to the organization without change 6 Total. Add lines 1 through 5 A amounts and beautiful and services are governmental unit to the organization without change 6 Total. Add lines 1 through 5 A amounts and beautiful and services are governmental unit to the organization without change 6 Total. Add lines 1 through 5 A amounts and beautiful and services are governmental unit to the organization without change 6 Total and 10 b Amounts included on lines 2 and 3 received from other than exceed the greater of \$5.000 or 1% of the amount on line 13 C Add lines 7 and 7b. 8 Public support (Subtract line 7 total support secretary beginning in) = 9 Amounts from line 6 10 and 10 b and	Sec	tion A. Public Support						
and membership less de any unusuality grafts) 2 Gross receipts from admissions, microhardise sold or the strong street of the torquarization's streeted to the organization's related to the organization's streeted to the organization of the either paid to or expended on the either paid to or expended on the behalf or expended or the either paid to organization without charge 5 Footal Admiss through 5 Footal Admiss To and 7b. Section B. Total Support Cardinary ser or freat y beginning in 1 or the year. Cardinary ser or freat y beginning in 1 or the year. Footal Support (Subtract line Subtract line Sub			(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
2. Gross receipts from admissions, mechanides sold of microstrums serior, mechanics and mechanics sold of microstrums serior and mechanics for microstrums serior for for microstrums serior for microstrums	1	and membership fees received. (Do not include						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. 1 Daz revenues levels (in the either paid to or expended on the behalf of the either paid to or expended on its behalf or expended on its behalf or expended on the behalf of the either paid to or expended on the behalf of the paid to be a section 513 and the paid to be a section 513 and the paid to be a section 513 and the paid to be a section 514 and the paid to be a section 514 and the paid to be a section 515 and 514 and 5	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
organization's benefit and either paid to or expended on its behalf 5 to behalf 6 Total. Add lines 1 through 5 ya governmental unit to the organization without charge 6 Total. Add lines 1 through 5 ya governmental unit to the organization without charge 6 Total. Add lines 1 through 5 ya governmental unit to the organization without charge 6 Total. Add lines 1 through 5 ya governmental unit to the organization without charge 8 Public support (subtract line 7 and 7 b. 1 ya governmental ya governmental unit to the organization of the year. 9 Amounts mice of 1 ya government in the form of the mice of the year of the year of the year of the year. 10 Gross moome from interest, dividends, payments received on securities loans, rents, royaltes and income from burnelses and income from burnelses loans, rents, royaltes and income from the year. 10 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 6 Add lines 10 and 10 b. 11 Net more from unrelated business staxble income. (less section 511 taxes) from businesses acquired after June 30, 1975 6 Add lines 10 and 10 b. 11 Net more from unrelated business staxble income. (less section 511 taxes) from businesses acquired after June 30, 1975 6 Add lines 10 and 10 b. 12 Other income. Do not include gain or loss from the sale of applied speaks (Explain and the year of year of the year of year	3	Gross receipts from activities that are not an unrelated trade						
organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that		organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a						
7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for its of the great. c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal y beginning in) + (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 amounts from line 6) 10a Gross income from interest, dividends, payments received on securities loans, rends, royalties and income from similar sources b Unrelated business taxable income from similar sources b Unrelated business axable income from interest, dividends, payments received on securities loans, rends, royalties and income from similar sources b Unrelated business axable income from interest, dividends, payments received on securities loans, rends, royalties and income from similar sources b Unrelated business axable income from interest, dividends, payments received on securities loans, rends, royalties and income from similar sources b Unrelated business active in one of the sale of expected of the payment of the paymen								
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. A did lines 7a and 7b. B Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal by beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources on securities loans, rents, royalties and income from similar sources on securities loans, rents, royalties and income from similar sources in the section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated businesses is regularly carried on 10 colded in line 10b, whether on rout the business is regularly carried on 10 colded in line 10b, whether on the business is regularly carried on 10 colded in line 10b, whether on the business is regularly carried on 10 colded in line 10b, whether on the business is regularly carried on 10 colded in line 10b, whether on the business is regularly carried on 10 colded in line 10b, whether on the business is regularly carried on 10 colded in line 10b, whether on the business is regularly carried on 10 colded in line 10b, whether on the business is regularly carried on 10 colded by line 13 column (f) in 15 \$ Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 \$ Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 Schedule A, Part III, line 17 18 Investment income percentage for 2011 Schedule A, Part III, line 17 19a 33-1/3% support tests – 2012. If the organization of di not check the box on line 14, and line 15 is more than 33-1/3%, and line 18 is not more than 33-1/3%, ch		Amounts included on lines 1, 2, and 3 received from						
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 103 Gross income from interest, dividends, payments received royalties and more from similar sources 104 Gross income from similar sources 104 Gross income from similar sources 104 Gross from the sand more from similar sources 104 Gross from businesses acquired after June 30, 1975 105 Gross additional time 103 gross additional time 103 gross from the sale of capital assets (Explain in Part IV.) 13 Total support, (add his 9, loc, 11, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage from 2011 Schedule A, Part III, line 15. 16 % Section D. Computation of Investment Income Percentage 19 a 33-1/3% support tests = 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. For organization qualifies as a publicly supported organization 10 gross from the mass 1-1/3%, sand line 18 is not more than 33-1/3%, check this box and stop here. For organization qualifies as a publicly supported organization 10 gross from the mass 1-1/3%, check this box and stop here. For organization qualifies as a publicly supported organization 10 gross from the mass 1-1/3%, check this box and stop here. For organization qualifies as a publicly supported organization 10 gross from the mass 1-1/3%, check this box and stop here. For organization qualifies as a publicly supported organization 10 gross from the mass 1-1/3%, check this box and stop here. For organization qualifies as a publicly supported organization 10 gross from the mass 1-1/3% and the programization qualifies as a publicly supported or	b	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
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9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include again assets (Explain in Part IV.) 13 Total support. (Add lins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). 16 Public support percentage from 2011 Schedule A, Part III, line 15. 17 Investment income percentage from 2011 Schedule A, Part III, line 15. 18 Investment income percentage from 2011 Schedule A, Part III, line 15 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 18 Investment income percentage from 2011 Schedule A, Part III, line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 19 a 33-1/3% support tests — 2011. If the organization did not check the box on line 14, 19a, or 19b, check this box and see instructions.	Sec	tion B. Total Support						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business acquired after June 10b, whether or not the business is regulally carried on 10b years of capital assets (Explain in Part IV). 12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support, (Add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2012 (line 10c, column (f) line 19 % 19 a 33-113% support tests – 2011. 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 bits is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization bits is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization bits is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organiz	Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2012 Schedule A, Part III, line 17 Investment income percentage from 2012 Schedule A, Part III, line 17 Investment income percentage from 2012 Schedule A, Part III, line 17 Investment income percentage from 2012 Schedule A, Part III, line 17 Investment income percentage from 2012 Schedule A, Part III, li						·	16	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17								
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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
b 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								
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
			zation did not che					

Supplemental Information. Complete this part to provide the explanations required by Part III, line 12 or 17b; and Part III, line 12 or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Schedule A	(Form 990 or 990-E	2) 2012 NO1	SE POLLUTION	N CLEARING I	HOUSE, INC.	31-1601550	Page 4
	Part IV	Supplemental Part II, line 17 (See instruction	I Information. 'a or 17b: and	Complete this p Part III, line 12.	part to provide Also complete	the explanations e this part for any	required by Part II, line additional information.	10;
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			·					
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20	4	1
ZU		Z

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

31-1601550

NATURE AND SOURCE		2012	2011	2010	2009	2008
OTHER	\$	1,800.			\$ 150.	
	TOTAL 🕏	1,800.	<u>\$</u> 0.	\$ 0.	\$ 150.	\$ 0.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

NOTCE DOLLUMTON CLEADING HOUGE THE	Employer Identification number
NOISE POLLUTION CLEARING HOUSE, INC.	31-1601550
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
THE NOISE POLLUTION CLEARINGHOUSE IS A NATIONAL NON-PROFIT ORG	ANIZATION WITH
EXTENSIVE ONLINE NOISE RELATED RESOURCES. THE NOISE POLLUTION	CLEARINGHOUSE SEEKS
RAISE AWARENESS ABOUT NOISE POLLUTION	
CREATE, COLLECT, AND DISTRIBUTE INFORMATION AND RESOURCES REGA	RDING NOISE
POLLUTION	
STRENGTHEN_LAWS_AND_GOVERNMENTAL_EFFORTS_TO_CONTROL_NOISE_POLL	UTION
ESTABLISH NETWORKS AMONG ENVIRONMENTAL, PROFESSIONAL, MEDICAL,	GOVERNMENTAL, AND
ACTIVIST GROUPS WORKING ON NOISE POLLUTION ISSUES	
ASSIST ACTIVISTS WORKING AGAINST NOISE POLLUTION	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONA	L BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRE	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO
	

2012 SCHEDUL	.E O - SUPPLEMENTAI	L INFORMA	TION	PAGE 2
No.	DISE POLLUTION CLEARING H	OUSE, INC.		31-1601550
FORM 990-EZ, PART I, LINE 8 OTHER REVENUE		·	TOTAL \$	1,800. 1,800.
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES				
DEPRECIATION DUES AND SUBSCRIPTIONS INFORMATION TECHNOLOGY INSURANCE INTEREST MEALS/ENTERTAINMENT MISCELLANEOUS OFFICE EXPENSES TELEPHONE TRAVEL			\$ TOTAL \$	858. 686. 1,909. 1,391. 1,057. 243. 502. 1,102. 2,297. 3,581. 13,626.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS				
EMPLOYEE ADVANCES GREEN MOUNTAIN HOURS MACHINERY AND EQUIPMENT	 	BEC \$ TOTAL <u>\$</u>	2,086. \$ 513. 2,993. 5,592. \$	· · ·
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES				•
ACCOUNTS PAYABLE AND ACCRU	ED EXPENSES	TOTAL \$	11,614. \$ 11,614.	ENDING 7,771. 7,771.

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

► File a senarate application for each return

OMB No 1545-1709

Department of the Treasury

Internal Rever	nue Service	1110	a separate appir	cation for each return.	i		
• If you a	are filing for an	Automatic 3-Month Extensio	n, complete only	Part I and check this box		► X	
• If you a	are filing for an a	Additional (Not Automatic) 3	-Month Extension	n, complete only Part II (on page 2 of th	ıs form)		
Do not coi	mplete Part II un	less you have already been	granted an autom	atic 3-month extention on a previously f	ıled Form 8868.		
corporation request an Associated	n required to file extension of time I With Certain Po	Form 990-T), or an additionate to file any of the forms listed in	al (not automatic) n Part I or Part II v าเch must be sent	d a 3-month automatic extension of time 3-month extension of time You can ele th the exception of Form 8870, Information to the IRS in paper format (see instruct Charities & Nonprofits.	ectronically file Form Return for Transfers	8868 to	
Part I	Automatic	-Month Extension of Time. Only submit original (no copies needed).					
A corporat	ion required to f	ile Form 990-T and requestin	ig an automatic 6	-month extension - check this box and	complete Part I only	. ▶ □	
All other c	orporations (incl	uding 1120-C filers), partners	ships, REMICs, ai	nd trusts must use Form 7004 to reques	t an extension of time	e to file	
income tax	x returns.			Enter filer's identi	fying number, see in	structions	
	Name of exempt	organization or other filer, see instruct	tions		Employer identification nu		
Type or							
print		NOISE POLLUTION CLEARING HOUSE, INC. 31-				L-1601550	
File by the	Number, street, a	r, street, and room or suite number. If a P.O. box, see instructions			Social security number	oer (SSN)	
due date for filing your		O BOX 1137					
return See Instructions	City, town or pos	t, town or post office, state, and ZIP code. For a foreign address, see instructions					
	MONTPELI	ER, VT 05601	<u></u>			_	
Enter the I Applicatio Is For	\	the return that this applicatio	n is for (file a sep	Application Application Is For		01 Return	
	or Form 990-EZ		01	Form 990-T (corporation)		Code 07	
Form 990-			02	Form 1041-A		08	
	(individual)		03	Form 4720		09	
Form 990-	, ,		04	Form 5227		10	
) or 408(a) trust)	05	Form 6069		11	
Form 990-	T (trust other that	an above)	06	Form 8870		12	
Telepho If the o If this check the ext	one No. ► 802- organization doe is for a Group R this box ► tension is for. uest an automatic	s not have an office or place eturn, enter the organization' If it is for part of the gr 3-month (6 months for a corpo	s four digit Group coup, check this b	e United States, check this box Exemption Number (GEN) OX			
		_, 20 <u>13 _</u> , to file the exem _l the organization's return for:	pi organization re	turn for the organization named above			
me	EVICEIDION 12 IOL	ine organization's return for:					

3 a 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 3 a |\$ 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 3 b \$ c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

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

tax year beginning , 20 , and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return

X calendar year 20 12 or

Change in accounting period

Final return

3 c \$

Form 886 8	3 (Rev 1-2013)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Mon	th Extension	, complete only Part II and check	this box .	<u>► X</u>
	complete Part II if you have already been grante			usly filed Form 8868	
 If you a 	are filing for an Automatic 3-Month Extension, co	mplete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month E	Extension	of Time. Only file the origin	al (no copies needed).
<u> </u>			Enter filer's	identifying number, see in	structions
	Name of exempt organization or other filer, see instructions			Employer identification number	
Type or					
print	NOISE POLLUTION CLEARING HOUSE	E, INC.		31-1601550	
Eila bir tha	Number, street, and room or suite number. If a P O box, see instructions Social security number (SSN)				
File by the extended due date for filing your return See	PACE AND HAWLEY e date for ng your PO BOX 603				
return See instructions	City, town or post office, state, and ZIP code. For a foreign add	ress, see instruct	ions		
	MONTPELIER, VT 05601-0603				
Enter the	Return code for the return that this application is	for (file a sep	parate application for each return)		01
Application Is For	on	Return Code	Application Is For		Return Code
Form 990	or Form 990-EZ	01			
Form 990		02	Form 1041-A		08
	(individual)	03	Form 4720		09
Form 990		04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
If theIf thiswhole gro	one No. 802-229-1659 organization does not have an office or place of bus for a Group Return, enter the organization's foup, check this box If it is for part of the other extension is for.	ur digit Group	e United States, check this box Exemption Number (GEN)	 If the with the names and EINs	s is for the
members	the extension is for.				
5 For 6 If th	quest an additional 3-month extension of time unti- calendar year 2012, or other tax year beginn e tax year entered in line 5 is for less than 12 mo Change in accounting period e in detail why you need the extension TAX THER INFORMATION NECESSARY TO F	ing nths, check r PAYER_RE		DDITIONAL TIME T	· '0
	is application is for Form 990-BL, 990-PF, 990-T, refundable credits. See instructions	4720, or 6069	9, enter the tentative tax, less any	8a \$	
payr	is application is for Form 990-PF, 990-T, 4720, or ments made Include any prior year overpayment Form 8868	6069, enter allowed as a	any refundable credits and estima credit and any amount paid previ	ted tax ously 8 b \$	
c Bala EFT	nnce due. Subtract line 8b from line 8a. Include yo PS (Electronic Federal Tax Payment System) Se	our payment e instructions	with this form, if required, by usin	g 8c\$	
	Signature and Verifi	cation mu	st be completed for Part II	only.	
Under penalt correct, and	ies of perjury, I declare that I have examined this form, including a complete, and that I am authorized to prepare this form.	ccompanying sch	nedules and statements, and to the best of my	y knowledge and belief, it is true,	
Signature >	Title I	EXECUT	IVE DIREC	Date ►	
BAA		FIFZ0502L		Form 8868	(Rev 1-2013)

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