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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**  
Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

C Name of organization

SUNRISE FAMILY RESOURCE CENTER INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

PO BOX 1517

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BENNINGTON

VT 05201-1517

D Employer identification number

03-0222789

E Telephone number

802-442-6934

G Gross receipts \$ 1,733,166

F Name and address of principal officer

LINDA DEAN-FARRAR  
407 COUNTY STREET  
BENNINGTON

VT 05201

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) ( )

(insert no )

☐ 4947(a)(1) or☐ 527J Website: [www.sunrisefamilyresourcecenter.com](http://www.sunrisefamilyresourcecenter.com)

H(c) Group exemption number

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation 1969

M State of legal domicile VT

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	51
	6 Total number of volunteers (estimate if necessary)	6	38
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,816,021	1,713,689
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,355	15,699
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,917	3,778
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,831,293	1,733,166
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,188,427	1,193,117
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	594,375	562,614
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,782,802	1,755,731
19 Revenue less expenses Subtract line 18 from line 12	48,491	-22,565	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,548,203	1,542,558
	22 Net assets or fund balances Subtract line 21 from line 20	210,073	216,665
		1,338,130	1,325,893

## Part II Signature Block

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

Sign  
Here

Signature of officer

Date

LINDA DEAN-FARRAR

EXEC. DIRECTOR

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

David H. Angolano, CPA

05/05/15

P00124210

Firm's name ▶ Angolano &amp; Company CPA PC

Firm's EIN ▶ 03-0322470

PO Box 639

Firm's address ▶ Shelburne, VT 05482-0639

Phone no 802-985-8992

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

DAA

20

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission:**See Schedule O****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 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 \$ **499,459** including grants of \$ ) (Revenue \$ )

**CHILDREN'S INTEGRATED SERVICES** - includes family support, early childhood and family mental health, specialized child care supports, early intervention, and nursing services. Early intervention and nursing services are provided through contracts with community partners as are some of the early childhood and family mental health services. Sunrise staff provide family support through home visits to those seeking parenting supports, resource and referral guidance and help establishing attainable goals; and early childhood and family mental health services and general coordination and leadership to the project. CIS is designed to support pregnant women & families with children 6 and under. The coordinator oversees the larger community team and facilitates the intake

**4b** (Code: ) (Expenses \$ **399,291** including grants of \$ ) (Revenue \$ )

**FAMILY DEVELOPMENT** (includes Opportunities, Outreach and Service Coordination and Job Club) - An alternative high school completion program for pregnant and parenting teens and young adults. In this supportive setting students create their own academic and life plans with staff, participate in work experiences, study core subjects in addition to parenting, and receive a high school diploma from Mount Anthony Union High School. Outreach and Service Coordination services are available to families on Reach Up and or CIS family support one-plans. Adults receiving Reach-Up Cash Assistance gain skills they need to successfully apply for and obtain employment. Working closely with the Job Club coordinator, participants assess their interests, identify barriers to employment,

**4c** (Code: ) (Expenses \$ **367,689** including grants of \$ ) (Revenue \$ )

**ON-SITE EARLY CARE & EDUCATION SERVICES** - The ECE program is a 5-star NAEYC-accredited childcare program for children ages 6 weeks to 3 years old where parents are encouraged to be involved in their children's education. The philosophy embraces the principles of Learning Together and staff are trained in family-centered, strength-based practices. Children of Opportunities students are given first priority for enrollment. Childcare financial subsidy is available for families that qualify.

**4d** Other program services (Describe in Schedule O )(Expenses \$ **489,292** including grants of \$ ) (Revenue \$ )**4e** Total program service expenses **1,755,731**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
<b>3</b> 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		<b>X</b>
<b>4</b> <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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> 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)		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <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? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> 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	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**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 or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **None**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made 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 ► **Sunrise Family Resource Cntr. 244 Union Street Bennington VT 05201 802-442-6934**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** 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 organizations 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) Mary Beth Bennett	1.50									
Dir. @ large 3 Q's	0.00	X						0	0	0
(2) Kathy Thompson	0.50									
Co-board chair 1st Q	0.00	X						0	0	0
(3) Paul Mooney	1.50									
Dir. @ large 3 Q's	0.00	X						0	0	0
(4) Anne Mele	2.00									
Secretary	0.00	X						0	0	0
(5) Kelley DeLorenzo	2.00									
Treasurer	0.00	X						0	0	0
(6) Laurie Camelio	2.00									
Board Chair	0.00	X						0	0	0
(7) Jane Sobel	2.00									
Vice Chair	0.00	X						0	0	0
(8) John Camelio	2.00									
Dir. @ large	0.00	X						0	0	0
(9) Pam Cross	1.50									
Dir. @ large 3 Q's	0.00	X						0	0	0
(10) Linda Dean-Farrar	40.00									
Executive Dir.	0.00			X				54,732	0	17,542
(11)										



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

(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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								<b>54,732</b>		<b>17,542</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>54,732</b>		<b>17,542</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 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
- 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

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**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 of compensation from the organization **0**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,679,238				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	34,451				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> Total. Add lines 1a-1f		1,713,689				
<b>Program Service Revenue</b>	<b>2a</b> BCCCA PD Providers	Busn. Code	7,006	7,006			
	<b>b</b> Parent Offerings		6,959	6,959			
	<b>c</b> Misc. Programs & Services		1,734	1,734			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f		15,699				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,778	3,778		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6a</b> Gross rents		(i) Real (ii) Personal					
<b>b</b> Less rental exps							
<b>c</b> Rental inc. or (loss)							
<b>d</b> Net rental income or (loss)							
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other					
<b>b</b> Less cost or other basis & sales exps							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
<b>b</b> Less direct expenses		b					
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		a					
<b>b</b> Less direct expenses		b					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances		a					
<b>b</b> Less cost of goods sold		b					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d							
<b>12</b> Total revenue. See instructions		1,733,166	19,477	0	0		

**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 or note to any line 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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	81,798	64,539	17,259	
<b>7</b> Other salaries and wages	864,836	685,323	179,513	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	152,706	118,973	33,733	
<b>10</b> Payroll taxes	93,777	72,959	20,818	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	20		20	
<b>c</b> Accounting	8,700	2,645	6,055	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,715	14,235	32,480	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	12,896	7,177	5,719	
<b>14</b> Information technology	1,733	656	1,077	
<b>15</b> Royalties				
<b>16</b> Occupancy	35,106	2,509	32,597	
<b>17</b> Travel	18,889	17,034	1,855	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	285		285	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	16,641		16,641	
<b>23</b> Insurance	12,015		12,015	
<b>24</b> 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)				
<b>a</b> Pmnts to Other Agencies	347,279	347,279		
<b>b</b> Non-office supplies	29,236	9,342	19,894	
<b>c</b> Food	17,757	17,757		
<b>d</b> Youth Group	4,870	4,870		
<b>e</b> All other expenses	10,472	390,433	-379,961	
<b>25</b> Total functional expenses Add lines 1 through 24e	1,755,731	1,755,731	0	0
<b>26</b> 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 or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing		<b>1</b>	<b>18</b>
	<b>2</b> Savings and temporary cash investments	<b>1,152,876</b>	<b>2</b>	<b>1,195,758</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>192,926</b>	<b>4</b>	<b>155,179</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>1,197</b>	<b>7</b>	<b>1,200</b>
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>26,281</b>	<b>9</b>	<b>21,533</b>
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>485,166</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>316,296</b>	<b>10c</b>	<b>168,870</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>1,548,203</b>	<b>16</b>	<b>1,542,558</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>92,974</b>	<b>17</b>	<b>153,231</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>25,371</b>	<b>19</b>	<b>40,807</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>91,728</b>	<b>25</b>	<b>22,627</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	<b>210,073</b>	<b>26</b>	<b>216,665</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>1,300,569</b>	<b>27</b>	<b>1,288,332</b>
	<b>28</b> Temporarily restricted net assets	<b>37,561</b>	<b>28</b>	<b>37,561</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	<b>1,338,130</b>	<b>33</b>	<b>1,325,893</b>
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	<b>1,548,203</b>	<b>34</b>	<b>1,542,558</b>	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,733,166</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,755,731</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-22,565</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,338,130</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>10,328</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,325,893</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line 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
<b>2a</b>	<b>X</b>	
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**SUNRISE FAMILY RESOURCE CENTER INC.**

Employer identification number

**03-0222789**

**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 to 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 it 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?
- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,343,854	1,403,972	1,635,608	1,816,021	1,713,689	7,913,144
<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</b> <b>Total.</b> Add lines 1 through 3	1,343,854	1,403,972	1,635,608	1,816,021	1,713,689	7,913,144
<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</b> <b>Public support.</b> Subtract line 5 from line 4.						7,913,144

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	1,343,854	1,403,972	1,635,608	1,816,021	1,713,689	7,913,144
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,430	4,264	4,902	3,917	3,778	22,291
<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.)	3,757	17,658	13,310	11,355	15,699	61,779
<b>11</b> <b>Total support.</b> Add lines 7 through 10						7,997,214
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	19,477

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

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.95 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	94.79 %
<b>16a</b> <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2012.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2013.</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 stop here. 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</b> <b>10%-facts-and-circumstances test—2012.</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 stop here. 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</b> <b>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 year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<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						
<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</b> <b>Total.</b> Add lines 1 through 5						
<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</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>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 stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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).

**Part II, Line 10 - Other Income Detail**

Other misc. 2009-2013	\$	-649
Program Services 2009-2013	\$	62,428

**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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**SUNRISE FAMILY RESOURCE CENTER INC.**

Employer identification number

**03-0222789**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

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

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a 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:

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

	Amount
1c	
1d	
1e	
1f	

2a 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 year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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%

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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
1a Land				
b Buildings		403,151	244,431	158,720
c Leasehold improvements				
d Equipment		82,015	71,865	10,150
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				168,870

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Held For Other Agency	14,116
(3) Cash Overdraft	8,511
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	22,627

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>1,734,276</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>1,110</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>1,110</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>1,733,166</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>1,733,166</b>

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>1,767,169</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>1,110</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	<b>10,328</b>
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>11,438</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>1,755,731</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>1,755,731</b>

**Part XIII Supplemental Information**

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

**Part XIII - Supplemental Financial Information**

The prior year adjustments of \$10,328 is due to overstated payroll liability accounts in prior year's that were discovered.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**SUNRISE FAMILY RESOURCE CENTER INC.**

Employer identification number

**03-0222789**

**Form 990 - Organization's Mission**

To create and support a statewide network of designated family-centered programs in order to help all families get off to a healthy start. The goal of Sunrise is to strengthen families through educational & (Sched O) support services to families living in Bennington County and the surrounding areas; working in partnership with individuals, families, and communities to promote their healthy growth and developement through encouragement of their strengths, expansion of their opportunitites, and support in their time of stress.

**Form 990, Part I, Line 6**

All volunteers were part-time. Such activities performed included: Participation in Family Fair, Assisting with Annual Meeting, Helping with Provider Appreciation Day, Help with Annual Conference, and assist with various programs.

**Form 990, Part III, Line 4a - First Accomplishment**

and referral process. The childcare specialist accepts specialized childcare referrals and supports childcare providers with education and site visits.

**Form 990, Part III, Line 4b - Second Accomplishment**

create a resume and cover letter, and learn to apply for jobs online. Also offered are interviewing and dress-for-success tips.

Name of the organization

SUNRISE FAMILY RESOURCE CENTER INC.

Employer identification number

03-0222789

## Form 990, Part III, Line 4d - All Other Accomplishment

PARENT OFFERINGS - Includes parent education and support groups, general resource and referral support to parents with child development and parenting questions, and drop-in services. The Parent Offerings Coordinator also works closely with the AHS field services to support families and individuals having a difficult time working with the human services system.

## \$23,919 Expenses

FAMILY ADVOCACY (PRESERVATION) - Bennington County's Intensive Home Based Service that serves families at risk of having a child placed outside of the home for a variety of reasons. FAP can also work with families where reunification with a child or children is the goal. Although the majority of families are referred by DCF (the local child protection agency) community members as well as families can refer themselves. All families are screened to assess the appropriateness of the Sunrise services for their needs. Advocates each work with a small number of families so they can provide intensive support, primarily with parenting.

## \$175,264 Expenses

COMMUNITY EARLY CHILDHOOD & SUPPORT SERVICES - Also known as BCCCA, this program provides professional development and technical assistance to providers, referral services to families seeking child care, and services as a local connection and liaison between the Child Development Division and parents applying for child care financial assistance.

Name of the organization

SUNRISE FAMILY RESOURCE CENTER INC.

Employer identification number

03-0222789

**\$290,109 Expenses****Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation**

There was no income outside of the tax-exempt purpose of the organization.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Form 990 reviewed by the Executive Director & the Finance Committee before being mailed to the IRS.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Sunrise's current Conflict of Interest Policy covers employees only. It is the practice of the Board of Directors for Board Members to recuse themselves from voting on actions that may present a conflict or perceived conflict. The Executive Director and the Assistant Director, both of whom attend regular board meetings, as paid employees of the agency do not have a vote in actions taken by the Board and therefore do not participate in matters related to voting on their individual compensation. Staff Conflict of Interest Policies are contained within the Center's Personnel Policies. Sunrise does not have a Whistle Blower Policy, but does have a Code of Ethics policy that each staff member signs upon hiring and periodically thereafter.

Sunrise follows the guidance contained within various grants with regards to retention and destruction of records. Sunrise recognizes the importance of maintaining records for many reasons. On permanent file in the business office are Articles of Association, By-laws and Amendments, and record of IRS tax exempt status. Copies of Board meeting minutes are maintained for



Name of the organization

SUNRISE FAMILY RESOURCE CENTER INC.

Employer identification number

03-0222789

audit review annually. Financial statements and budgets approved by the Board are maintained by the business office for a period of at least 5 years. Programmatic records are maintained in keeping with the expectations outlined in contracts and grants and are the responsibility of the grants manager. Frequently when program and consumer specific records are ready for destruction the process is facilitated by the State of Vermont. Records for all donations, names and contact information for donors are maintained by the administrative office; any limitations on use and disbursement are maintained by the business office and the Executive Director. Grant records are kept as required by the grant source. Personnel & employment records are kept in the business office.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
Executive Director compensation is subject to review by the Board.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
Governing documents and copy of Form 990 are available to the public upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation  
The prior year adjustments of \$10,328 are overstated payroll liabilities that were discovered.

**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Investment Income	\$	3,778			VT		
Total	\$	<u>3,778</u>					

03-0222789

## Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Computer Service	\$ 50		\$ 50	
Consultant	10,220		10,220	
R&M	17,057	1,154	15,903	
Cleaning	7,133	3,471	3,662	
Utility & Plumbing Work	1,964	1,964		
Grounds Maint	918	918		
PD for Childcare Providers	7,470	4,825	2,645	
Misc	1,903	1,903		
Total	\$ 46,715	\$ 14,235	\$ 32,480	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Family Support	\$ 3,652	\$ 3,602	\$ 50	
Dues & Subscriptions	3,279	1,669	1,610	
Small Equipment Purchases	1,771	147	1,624	
Recruitment	1,743	1,248	495	
Board Development	83	383,767	83	
Allocated Overhead	-56		-383,767	
Misc Other			-56	
Total	\$ 10,472	\$ 390,433	\$ -379,961	\$ 0

03-0222789

Federal Statements

Schedule A, Part II, Line 12

Description	Amount
Misc. Programs & Services	\$ 1,734
Parent Offerings	6,959
BCCCA PD Providers	7,006
Investment Income	3,778
Total	\$ 19,477

Sunrise Family Center  
Depreciation Schedule - Financial  
FYE 6/30/14

Num	Description	Life	Method	Conv.	Bus. %	Date Acquired	Orig. Cost	Prior Year		Curr. Depr.	Curr. Year		Remaining Basis
								Accum. Depr.			Accum. Depr.		
Buildings:													
1	238 Union Street	30.0	S/L	MM	100%	1/1/1985	\$ 49,270	\$	46,802	\$	1,642	\$ 48,444	\$ 826
2	244 Union Street	30.0	S/L	MM	100%	8/1/1994	84,875	53,516	2,829	2,829	56,345	28,530	
3	226 Union Street	30.0	S/L	MM	100%	7/15/2004	115,125	34,542	3,838	3,838	38,380	76,745	
	Total Buildings						\$ 249,270	\$ 134,860	\$ 8,309	\$ 8,309	\$ 143,169	\$ 106,101	
Building Improvements:													
4	Improvements	15.0	S/L	MM	100%	1/1/1990	\$ 1,292	\$	1,292	\$	-	\$ 1,292	\$ -
5	Improvements	15.0	S/L	MM	100%	1/1/1991	4,406	4,406	-	-	4,406	-	-
6	Improvements	15.0	S/L	MM	100%	1/1/1992	9,401	9,401	-	-	9,401	-	-
7	Handicap Ramp	15.0	S/L	MM	100%	6/1/1993	6,985	6,985	-	-	6,985	-	-
8	Fencing	15.0	S/L	MM	100%	6/1/1993	1,218	1,218	-	-	1,218	-	-
9	Improvements	15.0	S/L	MM	100%	12/1/1993	5,822	5,822	-	-	5,822	-	-
10	Improvements 244	15.0	S/L	MM	100%	1/1/1995	5,760	5,760	-	-	5,760	-	-
11	Door to Kitchen	10.0	S/L	MM	100%	8/12/1996	85	85	-	-	85	-	-
12	Exterior Trim	10.0	S/L	MM	100%	8/12/1996	385	385	-	-	385	-	-
13	Paving	10.0	S/L	MM	100%	10/1/1996	4,633	4,633	-	-	4,633	-	-
14	New Boiler 238	20.0	S/L	MM	100%	12/1/1997	2,922	2,275	146	146	2,421	501	
15	Asbestos Removal	15.0	S/L	MM	100%	12/1/1997	350	350	-	-	350	-	-
16	Storm Windows	15.0	S/L	MM	100%	1/1/1998	1,219	1,219	-	-	1,219	-	-
17	Partial Roof Replacement	20.0	S/L	MM	100%	6/1/1998	2,486	1,871	124	124	1,995	491	
18	Fire Alarm System	15.0	S/L	MM	100%	6/1/1998	305	302	3	3	305	-	-
19	Improvements 238	20.0	S/L	MM	100%	4/1/1999	2,682	1,810	134	134	1,944	738	
20	Improvements 244	20.0	S/L	MM	100%	4/1/1999	15,256	10,301	763	763	11,064	4,192	
21	Improvements	20.0	S/L	MM	100%	6/1/2000	6,772	4,435	339	339	4,774	1,998	
22	Parking Lot	20.0	S/L	MM	100%	11/16/2001	2,720	1,564	136	136	1,700	1,020	
23	Improvements	20.0	S/L	MM	100%	3/4/2003	609	310	30	30	340	269	
24	Improvements 238	20.0	S/L	HY	100%	12/20/2003	5,423	2,575	271	271	2,846	2,577	
25	Improvements 244	20.0	S/L	HY	100%	3/8/2003	7,339	3,487	367	367	3,854	3,485	
26	Improvements Barn	15.0	S/L	HY	100%	6/5/2004	3,006	1,900	200	200	2,100	906	
27	Improvements Onsite ES	10.0	S/L	HY	100%	6/20/2004	3,160	3,002	158	158	3,160	-	-
28	Improvements	10.0	S/L	HY	100%	1/1/2004	1,159	1,102	57	57	1,159	-	-
29	Improvement - 226	10.0	S/L	HY	100%	7/1/2004	641	544	64	64	608	33	
30	Improvements 238 Playground	10.0	S/L	HY	100%	7/1/2004	365	314	37	37	351	14	
31	Improvements 238 1st Floor	10.0	S/L	HY	100%	7/1/2004	1,650	1,403	165	165	1,568	82	
32	Improvements 238 2nd Floor	10.0	S/L	HY	100%	7/1/2004	2,869	2,439	287	287	2,726	143	
33	Improvements 238 -Other	10.0	S/L	HY	100%	7/1/2004	1,959	1,666	196	196	1,862	97	
34	Improvements - 244	10.0	S/L	HY	100%	7/1/2004	782	663	78	78	741	41	
35	Improvements - Barn	10.0	S/L	HY	100%	7/1/2004	3,412	2,899	341	341	3,240	172	
36	Fire Alarm System	15.0	S/L	HY	100%	8/24/2005	8,568	2,288	286	286	2,574	5,994	
37	Ramp	20.0	S/L	HY	100%	1/12/2006	1,573	312	39	39	351	1,222	
38	Security Lighting	10.0	S/L	HY	100%	11/16/2005	496	200	25	25	225	271	
39	CO Detectors	10.0	S/L	HY	100%	3/28/2006	550	413	55	55	468	82	
40	Parking Lot	20.0	S/L	HY	100%	2/24/2006	2,400	900	120	120	1,020	1,380	

Sunrise Family Center  
Depreciation Schedule - Financial  
FYE 6/30/14

<u>Num</u>	<u>Description</u>	<u>Life</u>	<u>Method</u>	<u>Conv.</u>	<u>Bus. %</u>	<u>Date Acquired</u>	<u>Orig. Cost</u>	<u>Prior Year Accum. Depr.</u>	<u>Curr. Depr.</u>	<u>Curr. Year Accum. Depr.</u>	<u>Remaining Basis</u>
41	Doors, Steps, Lattice, Rails	20.0	S/L	HY	100%	2/1/2006	1,623	608	81	689	934
42	Water Meter	20.0	S/L	HY	100%	5/4/2006	442	165	22	187	255
43	General Improvements	20.0	S/L	HY	100%	6/30/2006	1,103	413	55	468	635
44	Kitchen Floor	20.0	S/L	HY	100%	1/15/2007	1,063	345	53	398	665
45	General Improvements	20.0	S/L	HY	100%	6/30/2007	5,021	1,632	251	1,883	3,138
46	226 Electrical Wiring	20.0	S/L	HY	100%	6/30/2009	1,148	145	29	174	974
47	Resurface Driveways	10.0	S/L	HY	100%	6/30/2009	1,670	420	84	504	1,166
48	Furnace	25.0	S/L	HY	100%	6/30/2010	7,600	1,216	304	1,520	6,080
49	Washer/Dryer base/sink cab/counter top/back splash	20.0	S/L	HY	100%	8/31/2012	1,831	46	92	138	1,694
50	Victoria House/226 & 244 Union Street Improvements	20.0	S/L	HY	100%	3/22/2013	1,133	28	57	85	1,048
51	General Improvements(Painting,Basement,Flooring)	20.0	S/L	HY	100%	6/30/2014	10,587	-	265	265	10,322
Total Building Improvements							153,880.69	\$ 95,549	\$ 5,713	\$ 101,262	\$ 52,619

Equipment:

52	Equipment	5.0	SL	HY	100%	1/1/1985	779	\$ 779	-	\$ 779	-
53	Equipment	5.0	SL	HY	100%	1/1/1989	6,570	6,570	-	6,570	-
54	Copier	5.0	SL	HY	100%	7/1/1990	6,501	6,501	-	6,501	-
55	Equipment	5.0	SL	HY	100%	1/1/1991	238	238	-	238	-
56	Computer	5.0	SL	HY	100%	10/1/1992	1,733	1,733	-	1,733	-
57	Phone System	5.0	SL	HY	100%	10/1/1993	4,958	4,958	-	4,958	-
58	Computer Laptop	5.0	SL	HY	100%	1/1/1994	2,343	2,343	-	2,343	-
59	Slide	5.0	SL	HY	100%	6/1/1994	703	703	-	703	-
60	Equipment	5.0	SL	HY	100%	1/1/1995	1,270	1,270	-	1,270	-
61	Bi-folding Doors	5.0	SL	HY	100%	4/6/1997	200	200	-	200	-
62	Computer	5.0	SL	HY	100%	4/21/1997	1,330	1,330	-	1,330	-
63	Printer	5.0	SL	HY	100%	4/21/1997	382	382	-	382	-
64	Scanner	5.0	SL	HY	100%	4/21/1997	171	171	-	171	-
65	Software	5.0	SL	HY	100%	4/21/1997	120	120	-	120	-
66	Printer	5.0	SL	HY	100%	7/1/1997	200	200	-	200	-
67	Computer	5.0	SL	HY	100%	8/1/1997	3,127	3,127	-	3,127	-
68	2 Air Conditioners	7.0	SL	HY	100%	5/1/1998	1,050	1,050	-	1,050	-
69	Dishwasher	7.0	SL	HY	100%	5/1/1998	550	550	-	550	-
70	Chair	7.0	SL	HY	100%	11/9/1998	210	210	-	210	-
71	Computer Desk	7.0	SL	HY	100%	1/26/1999	180	180	-	180	-
72	File Cabinet	7.0	SL	HY	100%	4/7/1999	242	242	-	242	-
73	Computer Printer	5.0	SL	HY	100%	4/7/1999	196	196	-	196	-
74	Air Conditioner	5.0	SL	HY	100%	6/7/1999	1,217	1,217	-	1,217	-
75	Air Conditioner	5.0	SL	HY	100%	6/28/1999	435	435	-	435	-
76	Phone System	7.0	SL	HY	100%	5/24/1999	9,134	9,134	-	9,134	-
77	FAP - Copier	5.0	SL	HY	100%	6/1/2000	700	700	-	700	-
78	GRTW - Office Furniture	7.0	SL	HY	100%	12/1/1999	750	750	-	750	-
79	GRTW - Computer	5.0	SL	HY	100%	3/1/2000	500	500	-	500	-
80	GRTW - Computer	5.0	SL	HY	100%	6/1/2000	500	500	-	500	-
81	Computer	5.0	SL	HY	100%	10/4/1999	678	678	-	678	-

Sunrise Family Center  
Depreciation Schedule - Financial  
FYE 6/30/14

<u>Num</u>	<u>Description</u>	<u>Life</u>	<u>Method</u>	<u>Conv.</u>	<u>Bus.%</u>	<u>Date Acquired</u>	<u>Orig. Cost</u>	<u>Prior Year Accum. Depr.</u>	<u>Curr. Depr.</u>	<u>Curr. Year Accum. Depr.</u>	<u>Remaining Basis</u>
82	Stove	7.0 SL	HY		100%	11/22/1999	155	155	-	155	-
83	Monitor	5.0 SL	HY		100%	1/3/2000	180	180	-	180	-
84	Cupboards	10.0 SL	HY		100%	3/8/2000	300	300	-	300	-
85	Lawnmower	7.0 SL	HY		100%	8/1/2000	168	168	-	168	-
86	Sharp Fax Machine	5.0 SL	HY		100%	6/1/2001	80	80	-	80	-
87	Computer	5.0 SL	HY		100%	11/1/2000	2,920	2,920	-	2,920	-
88	Computer - GRTW	5.0 SL	HY		100%	12/1/2000	1,125	1,125	-	1,125	-
89	Computer	5.0 SL	HY		100%	1/1/2001	1,896	1,896	-	1,896	-
90	Computer Monitor	5.0 SL	HY		100%	12/1/2000	393	393	-	393	-
91	Phone	5.0 SL	HY		100%	5/20/2002	781	781	-	781	-
92	Desktop Computer	5.0 SL	HY		100%	5/27/2003	1,875	1,875	-	1,875	-
93	Projector Bulb	5.0 SL	HY		100%	8/25/2006	399	399	-	399	-
94	Projector	10.0 SL	HY		100%	8/25/2006	1,079	810	108	918	161
95	Computer	5.0 SL	HY		100%	8/2/2007	911	546	91	637	274
96	7 Dell Computers	5.0 SL	HY		100%	4/11/2008	5,879	5,870	9	5,879	-
97	Dishwasher & Installation	10.0 SL	HY		100%	8/25/2009	894	225	45	270	624
98	244 - Stove	10.0 SL	HY		100%	4/2/2009	315	80	16	96	219
99	4 small people caries	10.0 SL	HY		100%	6/30/2010	388	156	39	195	193
100	Step, Olay & Slide Loft	10.0 SL	HY		100%	6/30/2010	880	352	88	440	440
101	Marshmallow Upside Downs	10.0 SL	HY		100%	6/30/2010	731	148	37	185	546
102	Linda's Mac	5.0 SL	HY		100%	6/30/2010	999	400	100	500	499
103	val's Computer	5.0 SL	HY		100%	6/30/2010	975	392	98	490	485
104	Jessa's Computer	5.0 SL	HY		100%	6/30/2010	599	240	60	300	299
105	ECE Computer	5.0 SL	HY		100%	6/30/2010	599	240	60	300	299
106	FAP Computer	5.0 SL	HY		100%	6/30/2010	599	240	60	300	299
107	3 Computers	5.0 SL	HY		100%	6/30/2010	1,785	716	179	895	890
108	Server & Wiring Upgrade	5.0 SL	HY		100%	6/30/2012	3,891	1,167	778	1,945	1,945
109	Chairs & tables from Overstock.com	5.0 SL	HY		100%	10/11/2012	1,215	121	243	364	851
110	2 Lenovo Laptops, Toshiba hard drive, HP Officejet 6700	5.0 SL	HY		100%	2/15/2013	1,400	140	280	420	980
111	3 laptops	5.0 SL	HY		100%	5/30/2013	1,638	164	328	492	1,146
Total Equipment							\$ 82,015	\$ 69,246	\$ 2,619	\$ 71,865	\$ 10,150
TOTALS							\$ 485,165.95	\$ 299,655.00	\$ 16,640.88	\$ 316,295.88	\$ 168,870.08

**FY14 Statistical Achievement/Data Summary:**

Family Development	50
Opportunities	8
Jobs Cub	99 referrals and 93 enrolled.
FAP	44 families
Parent Educator	4
Specialized Service Coordination	10
Early Care and Education.	38 (families, many include more than one
child)	
YDP	23 (youth, not families)
Summer Activities	28 families
Specialized Service Coordination	6
Parent Ed Groups and Picnics	107
Child Care Referral Calls	141
Financial Assistance	535 families (monthly average not cumulative total
Specialized Child Care	64 children in 39 families served in some significant
	way for a period of time of at least 6 months
Professional Development	67 events, including the annual conference for
	varying lengths of time 3 hours to 40 or more each,
	1161 attendees (duplicative count)
CIS	Average Monthly
	14 Nursing services
	67 Family Support services
	35 Early Intervention
	18 ECFMH – consultation and education
	Yearly Total Duplicated Count
	428 EI
	173 Nursing
	801 Family Support
	221 ECFMH
	Yearly Total Unduplicated Count: 159



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

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- 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.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions
	<b>SUNRISE FAMILY RESOURCE CENTER INC.</b>	Employer identification number (EIN) or <b>03-0222789</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 1517</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BENNINGTON VT 05201-1517</b>	

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 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Sunrise Family Resource Cntr.**  
**244 Union Street**

- The books are in the care of ► **Bennington**

**VT 05201**Telephone No. ► **802-442-6934**FAX No. ► **802-442-1663**

- 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 **02/17/15** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **07/01/13** , and ending **06/30/14** .

- 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0</b>
<b>b</b> If this application is for Forms 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>	\$	<b>0</b>
<b>c</b> 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.	<b>3c</b>	\$	<b>0</b>

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions.  <b>SUNRISE FAMILY RESOURCE CENTER INC.</b>	Employer identification number (EIN) or  <b>03-0222789</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 1517</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BENNINGTON VT 05201-1517</b>	

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-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**Sunrise Family Resource Cntr.**  
**244 Union Street**

- The books are in the care of **Bennington** VT **05201**  
 Telephone No. **802-442-6934** FAX No. **802-442-1663**
- 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.

- 4 I request an additional 3-month extension of time until **05/15/15**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **07/01/13**, and ending **06/30/14**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
**Need more time to complete an accurate return.**

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
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 and any amount paid previously with Form 8868.	8b	\$	0
c 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 ☐Title **CPA**Date **01/26/15**Form **8868** (Rev 1-2014)