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#om 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

lacktriangle Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013

Open to Public Inspection

A Fo	r the	2013 calendar year, or tax year beginning $JULY$ 01 , 2013, and ending $JUNE$ 3	0 , 20 14									
B Ch	eck ıf aı		yer identification number									
∐ Ad	dress c		20-1401477									
∐ Na	me chai	Number & street (or P.O. box, if mail is not delivered to street addr.) Room/ E Telept	none number									
Init	tıal retui											
∐ Tei	rminate	297 SUMMER ST	(802) 751-8520									
∐ Am	ended	and the state of t	Exemption									
Ap	plication	n pending SAINT JOHNSBURY VT 05819 Numb	er 🕨									
			if the organization is not									
W	ebsite	► N/A required to	attach Schedule B									
J Ta	x-exe	mpt status (check only one) 501(c)(3) 501(c)(1) 4947(a)(1) or 527 (Form 990)	, 990-EZ, or 990-PF).									
K Fo	rm of o	organization: Corporation Trust Association Other										
L Ad	d lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets (Part II,									
col	lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$ 82,031									
Par	t I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions for Part I)									
		Check if the organization used Schedule O to respond to any question in this Part I										
	1	Contributions, gifts, grants, and similar amounts received	1 80,579									
	2	Program service revenue including government fees and contracts	2 1,427									
	3	Membership dues and assessments	3									
}	4	Investment income	4 25									
3	5a	Gross amount from sale of assets other than inventory 5a										
ð	b	Less cost or other basis and sales expenses										
-¹ R	C	ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)										
j <u>E</u>	6	Gaming and fundraising events										
ĽĚ	a	Gross income from gaming (attach Schedule G if greater than										
E N		\$15,000)										
ij Ĕ	b	Gross income from fundraising events (not including \$ of contributions	7									
2		from fundraising events reported on line 1) (attach Schedule G if the										
		sum of such gross income and contributions exceeds \$15,000) 6b										
DE BENEFIT	C	Less: direct expenses from gaming and fundraising events 6c	7									
10	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7									
	1	line 6c)	6d									
	7a	Gross sales of inventory, less returns and allowances										
	ь	Less: cost of goods sold	7									
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c									
	8	Other revenue (describe in Schedule O)	8									
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 82,031									
	10	Grants and similar amounts paid (list in Schedule O) RECEIVED	10 200									
_	11	Benefits paid to or for members	11									
Ž	12	Salaries, other compensation, and employee benefits. Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance	12 47,372									
P E	13	Professional fees and other payments to independent contrations.	13									
Ņ	14	Occupancy, rent, utilities, and maintenance	14 4,780									
EXPENSES	15	Printing, publications, postage, and shipping	15 136									
S	16	Other expenses (describe in Schedule O)	16 26,694									
	17	Total expenses. Add lines 10 through 16	79,182									
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,849									
A N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with										
N S E E		end-of-year figure reported on prior year's return)	19 29,472									
ASSETS	20	Other changes in net assets or fund balances (explain in Schedule O)	20									
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 32,321									

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Partill Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 29,472 22 22 Cash, savings, and investments 32,321 0 Land and buildings... 0 23 23 ō O Other assets (describe in Schedule O). 24 24 29,472 **Total assets** 32,321 25 . . . 25 Total liabilities (describe in Schedule O) 0 0 26 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29,472 27 32,321 27 Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** (Required for section Check if the organization used Schedule O to respond to any question in this Part III 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE ATTACHMENT #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of organizations and section 4947(a)(1) trusts, optional for others.) persons benefited, and other relevant information for each program title. SEE ATTACHMENT #2 (Grants \$ 78, 503) If this amount includes foreign grants, check here 28a (Grants \$) If this amount includes foreign grants, check here . . . 29a 30 (Grants \$) If this amount includes foreign grants, check here . . . 30a 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a). . . 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (d) Health benefits, Reportable (e) Estimated amount of compensation contributions to (a) Name and title hours per week other compensation (Forms W-2/1099 MISC) employee benefit plans, & devoted to position (if not paid, enter -0-) deferred compensation SEE ATTACHMENT #3

KINGDOM RECOVERY CENTER IN 201401477

Form 990-EZ (2013)

Page 2

<u>Pa</u>	Utner Information (Note the Schedule A and personal benefit contract statement requirements in the			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165	NO
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	50	\vdash	1
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		1	
	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Х
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9		٠.	
40a	Gross receipts, included on line 9, for public use of club facilities	1	-	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
h	section 4911 ▶	4	-	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		[<u> </u>	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			\ ,,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b	├	X
_	organization managers or disqualified persons during the year under sections 4912,			l
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed $ ightharpoons$ VT			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶			
	Located at ► ZIP + 4 ►			
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	-		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	l	X
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 Check here			. [
	and enter the amount of tax-exempt interest received or accrued during the tax year 43		•	
	43		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	140
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		\vdash	
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			_ <u></u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X
FDA	13 990EZ3 BWF 990 Form Software Copyright 1996 - 2014 HRB Tax Group, Inc. Form	n 990	-EZ (2013)

-orm	990-EZ (2013)							age 4
	Pod Mar Name and the state of t						Yes	No
16	Did the organization engage, directly or indirectly, in				r in opposition			-,-
Da	to candidates for public office? If "Yes," complete Sort VI Section 501(c)(3) organizations		<u>tı</u>		··· ·· · · · · · · · · · · · · · · · ·	46_		X
ra	rt VI Section 501(c)(3) organizations All section 501(c)(3) organizations must ar	-	ne 47_40	b and 52 and comm	alete the tables for lines			
	50 and 51.	iswei quesuon	15 47 -40	ob and oz, and comp	nete the tables for lines			
	Check if the organization used Schedule (O to respond to	o anv q	uestion in this Part V	l			Γ
							Yes	No
47	Did the organization engage in lobbying activities or	have a section	n 501(h)	election in effect du	ring the tax			
	year? If "Yes," complete Schedule C, Part II					47		X
48	Is the organization a school as described in section	170(b)(1)(A)(ıı)	? If "Ye	s," complete Schedu	le E	48		X
49a	Did the organization make any transfers to an exemp			ed organization?	• • •	49a		X
b	If "Yes," was the related organization a section 527 of	-				49b	1	X
50	Complete this table for the organization's five highes							
	employees) who each received more than \$100,000	(b) Averag		(c) Reportable				
	(a) Name and title of each employee	hours per v	week	compensation (Forms	(d) Health benefits, contruib- utions to employee benefit plans,	(e) Estim		
ION	AIP	devoted to p	osition	W-2/1099-MISC)	and deferred compensation		mpens	
MOI	VC							
		+		 				
					-			
				-				
f	Total number of other employees paid over \$100,00	<i>i</i> 0 ▶						
51	Complete this table for the organization's five highes	st compensate	d indep	endent contractors w	vho each received more tha	n		
	\$100,000 of compensation from the organization. If	there is none,	enter "N	lone."				
	(a) Name and business address of each independent conf	tractor		(b) Type of service	(c) c	ompensatio	n	
110	ATT							
NO!	NE							
			_					
								
d	Total number of other independent contractors each	n receiving ove	er \$100,	000 ▶ _				
52	Did the organization complete Schedule A? Note: A	All section 5016	(c)(3) oı	ganizations and 494	7(a)(1)	_		_
	nonexempt charitable trusts must attach a complete	d Schedule A		<u> </u>		▶ Y	es 🏻	No
	r penalties of perjury, I declare that I have examined this return				-	dge and be	lief, it is	š
true, ——	correct, and complete. Declaration of preparer (other than offic	.er) is based on al	ll informa	tion of which preparer h	as any knowledge. 			
Sig		. 2				Date	17	/
Hei		2 130) PV	el Charri pe	1811	<u>_</u> d	-15	<u> </u>
	Type or print name and title			· /				
m - '	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	arer's signature	? 10 l	Date	Check ! if	PTIN		
Pai		whin	WK			P0122		<u> </u>
	parer Firm's name ► H AND R BLOCK • Only Firm's address 364 RAILROAD	C III			Firm's EIN ▶ 0 4	33794 2-748-		
		ST	mtri i nti n					_
FDA	the IRS discuss this return with the preparer shown a 13 990EZ4 BWF 990 Form Software Copyrigh		_			Form 99		No.
	13 330LL 1 Stri 330 Form Software Copyrigi	11 1550 - 2014 MI	no iax G	ւսսբ, ուշ.		, UIIII J J	J—LZ	- (∠UI

SCHEDULE A

(Farm 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.

OMB No. 1545-0047

2013

Open to Public Inspection

		the organization		*****				I	mployer i		tion nu	ımber	
	_		VERY CENTER						0-140	14//			
	rt I			ity Status (All organizecause it is: (For lines 1 t					uctions.				
1	Ä			association of churches	_								
2	Н)(1)(A)(ii). (Attach Sche				7,7					
3		A hospital or a c	cooperative hospital s	ervice organization desc	onbed in	section 17	'0(b)(1)(A)(iii).					
4		A medical resea	ırch organization opei	rated in conjunction with	a hospita	described	dın secti o	on 170(b)(1)(A)(iii).	Enter the	hospita	al's nar	ne,
	_	city, and state.											
5		_	operated for the ben . (Complete Part II.)	efit of a college or unive	rsity owne	d or opera	ted by a go	vernment	al unit des	scribed in	sect	ion	
6	H · · · · · · · · · · · · · · · · · · ·												
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	Н	_		ion 170(b)(1)(A)(vi). (Co									
9	Ш	_	-	s: (1) more than 33 1/39		-			•	-			
		•		exempt functionssubje ne and unrelated busine		•							
				ne 30, 1975. See section		•			OIII DUSING	23303			
10	П	An organization	organized and opers	ated exclusively to test for	r public e	ofaty Sao	section 5	NG(a)(4)					
11	Н	_	•	ated exclusively to test to	-	-			carry out	the			
••	ш			pported organizations de		•		•	•		ion		
		509(a)(3). Chec	k the box that descri	oes the type of supporting	ng organiz	ation and o	complete lir	nes 11e th	rough 11h				
		a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated											
е		By checking this	s box, I certify that the	e organization is not con	trolled dire	ectly or ind	rectly by o	ne or more	e disqualif	ied			
		•		gers and other than one	or more p	oublicly sup	pported org	ganızatıons	s describe	d ın secti	on		
		509(a)(1) or sec	tion 509(a)(2).										
f		_		determination from the	IRS that it	ıs a Type I	, Type II, o	r Type III s	supporting				_
		organization, ch						•	• • •	• • •	• •		L
g		_		nization accepted any g	ift or contri	ibution fror	n any of the	Ð					
		following perso		ly controls, either alone	or togotho	r with porc	one doceri	oed in (ii)				Yes	No
		. ,		dy of the supported org			ons descin	Jea III (II)		(11g(i)	163	X
		, ,		scribed in (i) above?							11g(ii)	 	X
		()	•	on described in (i) or (ii)						1	11g(iii)	† 	X
h				out the supported organ						·			 _
	_			T					(vi)	is the	Τ		
(i) 1		e of supported	(ii) EIN	(iii) Type of organization			1		organizatio		\ \ \ \ \	Amoui etary su	
	Or	ganization		(described on lines 1-9 above or IRC section		isted in your document?	organization of your s		organız	ed in the	HIOTR	stary St	pport
				(see instructions))		,	ļ		U.S.?				
				 	Yes	No	Yes	No	Yes	No			
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_	_				<u> </u>				<u> </u>				
								1					
Tai	al		I	i	l .	1	1	1	l	1	1		

Rart'll	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.)

Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,101	53,873	62,767	70,008	78,503	322,252
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	57,101	53,873	62,767	70,008	78,503	322,252
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				1.516		
6	Public support. Subtract line 5 from line 4.	-	_ (F)(c)	, <u>, , , , , , , , , , , , , , , , , , </u>			322,252
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	57,101	53,873	62,767	70,008	78,503	322,252
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			25	4 4	25	94
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						322,346
12	Gross receipts from related activities, etc. (see	•		•		12	
13	First five years. If the Form 990 is for the org	anızatıon's fırst, s	second, third, fou	ırth, or fifth tax ye	ear as a section	501(c)(3)	
	organization, check this box and stop here	<u> </u>				·	<u> </u>
	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (line 6, co		-			14	99.97%
15	Public support percentage from 2012 Schedul					15	%
16a	33 1/3% support test 2013. If the organization qualifies as a				is 33 1/3% or m	ore, check this b	ox ▶ 🏋
b	33 1/3% support test 2012. If the organization and stop here. The organization qualifies				ne 15 is 33 1/3%		this ▶ 🗍
17a	10%-facts-and-circumstances test 2013 more, and if the organization meets the "facts-organization meets the "facts-and-circumstant"	-and-circumstan	ces" test, check	this box and st	op here. Explait	n in Part IV how t	
b	10%-facts-and-circumstances test 2012 more, and if the organization meets the "facts-organization meets the "facts-and-circumstant"	-and-circumstan	ces" test, check	this box and st	op here. Explair	n in Part IV how t	
18	Private foundation. If the organization did no	ticheck a hox or	line 13 16a 16i	h 17a or 17h c	heck this hox an	id see instruction	. ⊾ H

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2013
Open to Public
Inspection

OMB No. 1545-0047

Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

KINGDOM RECOVERY CENTER INC

Employer identification number

20-1401477

TRAVEL \$1154.00

ACCOUNTING \$1107.00

INSURANCE \$2765.00

PROGRAMS, TRAININGS, MEETINGS \$9560.00

PROGRAM SERVICES \$744.00

VOLUNTEER EVENTS \$538.00

OFFICE SUPPLIES \$3543

COMPUTER EQUIPEMENT \$1860.00

COMMUNICATIONS \$1826.00

COLA \$2555.00

FOOD AND EATING SUPPLIES \$633.00

OUTREACH \$325.00

LIBRARY EXPENSES \$81.00

BANK RECONCILIATION DISCREPANCIES \$3.00

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III	
OPEN TO PUBLIC	
INSPECTION For calendar year 2013, or tax penod beginning 07-01 , and ending	06-30-2014
Name of Organization	Employer Identification Number
KINGDOM RECOVERY CENTER INC	20-1401477
Primary Purpose	
PEER ASSISTED LONG TERM SUBSTANCE ABUSE RECOVERY	

990 PROGRAM SERVICE ACCOMPLISHMENT

TTACHMENT 2: PAC	GE 1 - 990-EZ PAGE 3	B, PART III	
	ar year 2013, or tax penod beginning	07-01-2013, and ending	06-30-2014
e of Organization			Employer Identification Number
NGDOM RECOVERY	CENTER INC		20-1401477
	78,503 Amount include	, , 11	
ants and allocations		s foreign grants Program service e Purpose Achievements	expenses
	Exompt	Turpose Admievements	

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV OPEN TO PUBLIC INSPECTION 07 - 01 - 2013, and ending 06-30-2014 For calendar year 2013, or tax penod beginning Name of Organization Employer Identification Number KINGDOM RECOVERY CENTER INC 20-1401477 (B) Average hours per (C) Compensation (A) Name and Title (D) Cont. to employee (E) Expense account (Form W-2/1099-MISC) (if not paid, enter -0-) week devoted to ben. plans & def. comp. & other compensation KEVIN WHEELER 0 0 0 BOARD CHAIR JOAN WOLLRATH SECRETARY 0 0 0 LINDA PRIVE 0 0 TREASURER 0 CONNIE PERRY 0 0 0 SAM SILVERMAN HONORY PERM MEMBER 0 0 0 ANGELA DEVOID 0 0 0 STEVE KLINE ADMINISTRATOR 0 0 0 KAREN ZUCKER 0 VICE CHAIR

990 BOOKS ARE IN CARE OF

ATTAC	HMENT	4 - 99	O-EZ I	PAGE 3,	PART	V, LIN	E 42A				
OPEN,	TO PUBLIC						·				
INSPEC	CTION	For calendar	year 2013,	or tax penod	beginning	07-	01	, and ending	06	-30-201	14
Name of (Organizatio	n							Employe	r Identification	Number
		COVERY	CENTE	R INC		<u>_</u>			20-14	01477	
Part V - I	Line 42a										
Individual or Business			••			<u>C</u>	INDY N	UTTING			
Street Ad	dress .		.,			· <u>2</u>	97 SUM	MER ST			
z	U.S. Address Zip code 05819 City SAINT JOHNSBURY State VT										
Foreign A	address City										
	Province or	State									
c	Country .					• •					
P	ostal code										
F	Phone Num	ıber								(802)	<u>751-852</u> 0
F	ax Numbe	r							••		

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