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## Return of Organization Exempt From Income Tax

2007

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

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

A For the 2007 calendar year, or tax year beginning

, 2007, and ending

, 20

B Check if applicable

 Address change Name change Initial return Termination Amended return

C Name of organization

Burlington Supportive Housing Initiatives

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

Room/suite

65 Main Street

City or town, state or country, and ZIP + 4

Burlington, VT 05401-8408

D Employer identification number

20-1308308

E Telephone number

(802) 864-0538

F Accounting method.  Cash  Accrual Other (specify) ►

G Website: ► N/A

J Organization type (check only one) ►  501(c) ( 3 ) □ (insert no)  4947(a)(1) or  527K Check here ►  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 269, 675

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions)H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ► N/A

M Check ►  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received	1a		
a Contributions to donor advised funds	1b	252, 811	
b Direct public support (not included on line 1a)	1c		
c Indirect public support (not included on line 1a)	1d	16, 864	
e Total (add lines 1a through 1d) (cash \$ 269, 675 noncash \$ )	1e	269, 675	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss) Subtract line 6b from line 6a	6c		
Other investment income (describe ► )	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>	9a		
a Gross revenue (not including \$ of contributions reported on line 1b)	9b		
b Less: direct expenses other than fundraising expenses	9c		
c Net income or (loss) from special events Subtract line 9b from line 9a	10a		
10a Gross sales of inventory, less returns and allowances	10b		
b Less cost of goods sold	10c		
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	11		
11 Other revenue (from Part VII, line 103)	12	269, 675	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	RECEIVED		
13 Program services (from line 44, column (B))	13	295, 888	
14 Management and general (from line 44, column (C))	14	3, 980	
15 Fundraising (from line 44, column (D))	15	0	
16 Payments to affiliates (attach schedule)	16	0	
17 Total expenses. Add lines 16 and 44, column (A)	17	299, 868	
18 Excess or (deficit) for the year Subtract line 17 from line 12	18	(30, 193)	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	106, 658	
20 Other changes in net assets or fund balances (attach explanation)	20	0	
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	76, 465	

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

<b>Part II Statement of Functional Expenses</b>		All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ <u>202,766</u> noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22b	202,766	202,766	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26			
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a – 27	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	3,000		3,000
32	Legal fees	32			
33	Supplies	33	98		98
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40	133		133
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	3,767	3,767	
43	Other expenses not covered above (itemize):				
a	Insurance	43a	749		749
b	Tenant Services - Direct Services	43b	89,355	89,355	
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	299,868	295,888	3,980

**Joint Costs.** Check ►  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ►  Yes  No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>Housing Supportive Services</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
<p><b>a Support of the Northern Lights Foundation:</b> BSHI assists in providing transitional and supportive housing for women offenders returning to the community. The goal is to reduce the rate of recidivism by providing a supportive network of social service organizations to address the offender's specific needs. The program provides a supportive home environment for up to 10 women at any given time.</p>	
<p>(Grants and allocations \$ 180,116) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	236,230
<p><b>b Immigrant Initiatives Program:</b> This program works to improve the success of the over 800 African refugee families currently living in Vermont by assisting with long-term housing situations in the Burlington and Winooski area. Areas of emphasis are cultural integration in the neighborhoods and understanding leases, tenant rights and responsibilities. The program has helped to reduce the tensions in the community and has eased the transition of the immigrants into American society.</p>	
<p>(Grants and allocations \$ 28,592) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	28,592
<p><b>c Support of the East Allen Dismas Project:</b> BSHI assists in providing transitional and supportive housing for offenders returning to the community. The goal is to reduce the rate of recidivism by providing a supportive network of social service organizations to address the offender's specific needs. The program provides a supportive home environment for up to 9 offenders at any given time.</p>	
<p>(Grants and allocations \$ 20,000) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	20,000
<p><b>d Ready to Rent:</b> This is a 6-8 week housing readiness education course that helps offenders accept responsibility for past rental issues, repair their credit, create a workable budget, prioritize housing needs, develop a housing search plan, and fulfill their goal of becoming a successful renter. The objective is to assist individuals who have barriers to housing but who are willing and able to "work" to prove they will be good renters to become more housing-ready. Thirteen individuals have been assisted by this program.</p>	
<p>(Grants and allocations \$ 439) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	439
<p><b>e Other program services (attach schedule)</b></p>	
<p>(Grants and allocations \$ 10,627) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	10,627
<p><b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b> . . . . .</p>	295,888

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	93,835	45	62,859
46	Savings and temporary cash investments	N/A	46	N/A
47a	Accounts receivable	N/A		
b	Less allowance for doubtful accounts			
47b		N/A	47c	N/A
48a	Pledges receivable	N/A		
b	Less allowance for doubtful accounts			
48b		N/A	48c	N/A
49	Grants receivable	N/A	49	N/A
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	N/A	50a	N/A
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	N/A	50b	N/A
51a	Other notes and loans receivable (attach schedule)	51a	N/A	
b	Less allowance for doubtful accounts	51b	N/A	
51c		N/A	51c	N/A
52	Inventories for sale or use	N/A	52	N/A
53	Prepaid expenses and deferred charges	749	53	N/A
54a	Investments—publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	N/A
b	Investments—other securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	N/A
55a	Investments—land, buildings, and equipment: basis	55a	N/A	
b	Less accumulated depreciation (attach schedule)	55b	N/A	
55c		N/A	55c	N/A
56	Investments—other (attach schedule)	N/A	56	N/A
57a	Land, buildings, and equipment basis	57a	18,835	
b	Less accumulated depreciation (attach schedule)	57b	4,773	
57c		17,829	57c	14,062
58	Other assets, including program-related investments (describe ► )	N/A	58	N/A
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	112,413	59	76,921
60	Accounts payable and accrued expenses	3,214	60	N/A
61	Grants payable	2,541	61	456
62	Deferred revenue	0	62	0
63	Loans from officers, directors, trustees, and key employees (attach schedule)	N/A	63	N/A
64a	Tax-exempt bond liabilities (attach schedule)	N/A	64a	N/A
b	Mortgages and other notes payable (attach schedule)	N/A	64b	N/A
65	Other liabilities (describe ► )	N/A	65	N/A
66	<b>Total liabilities</b> . Add lines 60 through 65	5,755	66	456
Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	24,086	67	15,725
68	Temporarily restricted	82,572	68	60,740
69	Permanently restricted	N/A	69	N/A
Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds	0	70	0
71	Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
72	Retained earnings, endowment, accumulated income, or other funds	0	72	0
73	<b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	106,658	73	76,465
74	<b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73	112,413	74	76,921

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d	e	
<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
Add lines b1 through b4		b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d	e	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<b>Brian Pine, CEDO Office, Room 32, City Hall</b> <b>149 Church Street, Burlington, VT 05401</b>	President 16 hours/annually	0	0	0
<b>Bruce Plumley</b> <b>9 Franklin Square, Burlington, VT 05401</b>	Vice President 16 hours/annually	0	0	0
<b>Sheila McLaughlin Gorski</b> <b>84 South Meadow Drive, Burlington, VT 05401</b>	Secretary 16 hours/annually	0	0	0
<b>Neil Wheelwright</b> <b>305 Maple Street, Burlington, VT 05401</b>	Director 16 hours/annually	0	0	0
<b>Jeanne B. Hutchins, Elder Care Services</b> <b>792 College Parkway, Suite 205, Colchester, VT 05446</b>	Director 16 hours/annually	0	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

	<b>Yes</b>	<b>No</b>
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75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . ► 5

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . . ►

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . ►

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75b		x
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**75c** **X**

75d X

**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI Other Information (See the instructions.)**

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .

77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . .  
If "Yes," attach a conformed copy of the changes

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .

b If "Yes," enter the name of the organization ► \_\_\_\_\_ and check whether it is  exempt or  nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions) . . . . . **81a** |

b Did the organization file **Form 1120-POL** for this year? . . . . .

and check whether it is  exempt or  nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions) . . . **81a**  
b Did the organization file Form 1120-POL for this year?

81b  x

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	89a	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	89d	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input type="checkbox"/> N/A
90a	List the states with which a copy of this return is filed ► <b>NONE</b>	90a	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	
91a	The books are in care of ► <b>Burlington Supportive Housing Initiatives</b> Telephone no. ► (802) 864-0538 Located at ► <b>65 Main Street, Burlington, VT</b> ZIP + 4 ► <b>05401-8408</b>	91a	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	91b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>			

**Part VI Other Information (continued)****Yes** **No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

If "Yes," enter the name of the foreign country ► .....

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

**93 Program service revenue:**

a \_\_\_\_\_  
 b \_\_\_\_\_  
 c \_\_\_\_\_  
 d \_\_\_\_\_  
 e \_\_\_\_\_  
 f Medicare/Medicaid payments . . .  
 g Fees and contracts from government agencies  
 94 Membership dues and assessments . . .  
 95 Interest on savings and temporary cash investments  
 96 Dividends and interest from securities . . .  
 97 Net rental income or (loss) from real estate:  
 a debt-financed property . . .  
 b not debt-financed property . . .  
 98 Net rental income or (loss) from personal property  
 99 Other investment income . . .  
 100 Gain or (loss) from sales of assets other than inventory  
 101 Net income or (loss) from special events . . .  
 102 Gross profit or (loss) from sales of inventory  
 103 Other revenue: a \_\_\_\_\_  
 b \_\_\_\_\_  
 c \_\_\_\_\_  
 d \_\_\_\_\_  
 e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E)) . . .

105 Total (add line 104, columns (B), (D), and (E)) . . . . . ► .....

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

<b>Line No.</b>	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)**

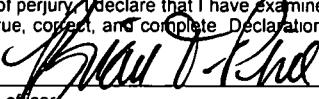
			Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity			x

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

			Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity			x

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

			Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			x

<b>Please Sign Here</b>	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		
		Date	11/12/10
► Signature of officer			
► Brian Pine, President			
Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date <u>Nov. 9, 2010</u>	Check if self-employed ► <input type="checkbox"/> P00070404
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>WALLACE W. TAPIA PC</u>	EIN <u>03-0323274</u>	Phone no ► <u>(802) 863-6370</u>
	PO BOX 5777 BURLINGTON, VT 05402		

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

## Organization Exempt Under Section 501(c)(3)

**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust**

OMB No 1545-0047

2007

Department of the Treasury  
Internal Revenue Service

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ.

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**Name of the organization**

## Burlington Supportive Housing Initiatives

**Employer identification number**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
<b>Total number of other employees paid over \$50,000</b>				

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**Total number of other employees paid over \$50,000**

**Part II-A Compensation of the Five Highest-Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

**Total number of others receiving over \$50,000 for professional services**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

---

**Total number of other contractors receiving over \$50 000 for other services**

<b>Part III      Statements About Activities (See page 2 of the instructions )</b>		
	<b>Yes</b>	<b>No</b>
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .	1	<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property? . . . . .	2a	<b>X</b>
b Lending of money or other extension of credit? . . . . .	2b	<b>X</b>
c Furnishing of goods, services, or facilities? . . . . .	2c	<b>X</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	<b>X</b>
e Transfer of any part of its income or assets? . . . . .	2e	<b>X</b>
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) . . . . .	3a	<b>X</b>
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .	3b	<b>X</b>
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	3c	<b>X</b>
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	3d	<b>X</b>
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	4a	<b>X</b>
b Did the organization make any taxable distributions under section 4966? . . . . .	4b	<b>N/A</b>
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	4c	<b>N/A</b>
d Enter the total number of donor advised funds owned at the end of the tax year ► . . . . .		<b>N/A</b>
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► . . . . .		<b>N/A</b>
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► . . . . .		<b>N/A</b>
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► . . . . .		<b>N/A</b>

**Part IV** **Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)**

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ► .....**

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12  An organization that normally receives: (1) **more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) **no more than 33½%** 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). (Also complete the **Support Schedule** in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations. (See page 8 of the instructions.)**

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) .	151,190	10,000	0		161,190
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose . . .					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . .	1,078	176	0		1,254
19 Net income from unrelated business activities not included in line 18. . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22 . . . . .	152,268	10,176	0		162,444
24 Line 23 minus line 17 . . . . .	152,268	10,176	0		162,444
25 Enter 1% of line 23 . . . . .	1,523	102	0		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . ►				26a	3,249
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ►				26b	46,751
c Total support for section 509(a)(1) test Enter line 24, column (e) . . . . . ►				26c	162,444
d Add Amounts from column (e) for lines 18 1,254 19 0				26d	48,005
22 0 26b 46,751 . . . . . ►				26e	114,439
e Public support (line 26c minus line 26d total) . . . . .				26f	70.5%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year					
(2006) ..... (2005) ..... (2004) ..... (2003) .....					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger of</b> (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2006) ..... (2005) ..... (2004) ..... (2003) .....					
c Add Amounts from column (e) for lines 15 16				27c	
17 20 21 . . . . . ►				27d	
d Add Line 27a total and line 27b total . . . . . ►				27e	
e Public support (line 27c total minus line 27d total) . . . . .				27f	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . . . . ►				27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ►				27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ►					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V      Private School Questionnaire (See page 9 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32a 32b 32c 32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	33a 33b 33c 33d 33e 33f 33g 33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions)  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ► a  if the organization belongs to an affiliated group      Check ► b  if you checked "a" and "limited control" provisions apply

**Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**

#### **4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount . . . . .					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures . . . . .					
48 Grassroots nontaxable amount . . . . .					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures . . . . .					

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers . . . . .
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .
- c Media advertisements . . . . .
- d Mailings to members, legislators, or the public . . . . .
- e Publications, or published or broadcast statements . . . . .
- f Grants to other organizations for lobbying purposes . . . . .
- g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i Total lobbying expenditures (Add lines c through h.) . . . . .

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? \_\_\_\_\_

**a Transfers from the reporting organization to a noncharitable exempt organization or**

(i) Cash . . . . .  
(ii) Other assets . . . . .

**b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .
- (ii) Purchases of assets from a noncharitable exempt organization . . . . .
- (iii) Rental of facilities, equipment, or other assets . . . . .
- (iv) Reimbursement arrangements . . . . .
- (v) Loans or loan guarantees . . . . .
- (vi) Performance of services or membership or fundraising solicitations . . . . .

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)	✓	
a(ii)	✓	
b(i)	✓	
b(ii)	✓	
b(iii)	✓	
b(iv)	✓	
b(v)	✓	
b(vi)	✓	
c		✓

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

Burlington Supportive Housing Initiatives  
EIN # 20-1308308  
Schedule Attachment

Statement of Functional Expenses

Part II, line 22b:

Grants:

- a) \$180,116 to the Burlington Housing Authority – funds provided to assist the Housing Authority in the rehabilitation of residential housing for female offenders returning to the community.
- b) \$20,000 to the Burlington Housing Authority – funds provided to assist the Housing Authority in costs related to long-term residential housing for male offenders returning to the community.
- c) \$2,650 to the Burlington Housing Authority – funds provided to assist the Housing Authority in providing resident services.

Statement of Program Service Accomplishments

Part III, line e:

Other program services:

Neighborhood Network Technology Center program –  
To offer BHA public housing residents a path to economic  
self-sufficiency through the attainment of technological skills. \$3,767

Other supportive housing initiatives – costs: \$6860

Burlington Supportive Housing Initiatives, Inc.  
EIN # 20-1308308

The 2007 tax return included herewith has been amended to reflect 2007 contributions, gifts, grants, etc. (as corrected) of \$269,675 (on Form 990, Part I, Lines 1b and 1e) with additional revisions made to Schedule A, part IV-A and Schedule B, Part I.

In addition, grants expenses have been restated in Parts II and III of Form 990, and Part IV (Balance Sheet) has been revised.