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Short Form
Return of Organization Exempt From Income Tax

2008

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

A For the 2008 calendar year, or tax year beginning		, 2008, and ending	
B Check if applicable		C Name of organization	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending		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 Group Exemption Number ►	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ► N/A

J Organization type (check only one) - 501(c) (3) ► (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 83,739

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	83,515
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	224
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6	
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
Expenses	b Less: direct expenses other than fundraising expenses	6b	0
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe ► RECEIVED)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	83,739
	10 Grants and similar amounts paid (attach schedule)	10	9,160
	11 Benefits paid to or for members	11	0
Net Assets	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	3,935
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe ► See Attached)	16	23,714
	17 Total expenses. Add lines 10 through 16) ►	17	36,809
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,930
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	76,465
	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 through 20) ►	21	123,395

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	
		62,859	22
22	Cash, savings, and investments	22	113,100
23	Land and buildings	23	0
24	Other assets (describe ► Equipment)	24	10,295
25	Total assets	25	123,395
26	Total liabilities (describe ►	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	123,395

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

What is the organization's primary exempt purpose? **Housing Supportive Services**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 Support of the HelpFund.

The HelpFund is a community fund established to respond in a coordinated way to requests for emergency financial assistance for low income individuals and families in Chittenden County, Vermont (Grants \$ 3,160) If this amount includes foreign grants, check here []

28a

9,223

29 Fanny Allen Grant

This program provides supportive services at the elderly/disabled buildings managed by the Burlington Housing Authority. (Grants \$) If this amount includes foreign grants, check here ►

29a

7,449

30 Money_Camp.

To support Burlington Housing Authority's Skills for Life staff in implementing the Money Camp Financial Literacy Curriculum. Provides financial literacy education to children ages 10-14. (Grants \$ 6,000) If this amount includes foreign grants, check here ▶

30a

6,000

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

313

9.223

32 Total program service expenses (add lines 28a through 31a)

32

31 895

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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	(e) Expense account and other allowances
Brian Pine, CEDO Office, Room 32, City Hall	President	0	0	0
149 Church Street, Burlington, VT 05401	16 hours annually	0	0	0
Bruce Plumley	Vice President	0	0	0
9 Franklin Square, Burlington, VT 05401	16 hours annually	0	0	0
Sheila McLaughlin Gorski	Secretary	0	0	0
84 South Meadow Drive, Burlington, VT 05401	16 hours annually	0	0	0
Neil Wheelwright	Director	0	0	0
305 Maple Street, Burlington, VT 05401	16 hours annually	0	0	0
Jeanne B. Hutchins, Elder Care Services	Director	0	0	0
792 College Parkway, Ste 205, Colchester, VT 05446	16 hours annually	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 36

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a 0

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** 0

b Did the organization file **Form 1120-POL** for this year? 37b

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 unpaid at the start of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **0** ; section 4912 ► **0** , section 4955 ► **0** 40b

b Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I 40b

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0

d Enter amount of tax on line 40c reimbursed by the organization 40d 0

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ► **NONE**

42a The books are in care of ► **Burlington Supportive Housing Initiatives** Telephone no ► **(802) 864-0538**
Located at ► **65 Main Street, Burlington, VT** ZIP + 4 ► **05401-8408** 42b

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)? 42c

If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** 43

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45

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)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	10,000	151,190	269,675	83,515	514,380
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	0	10,000	151,190	269,675	83,515	514,380
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)						233,848
6 Public support. Subtract line 5 from line 4						280,532

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	10,000	151,190	269,675	83,515	514,380
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	176	1,078	0	224	1,478
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						515,858
12 Gross receipts from related activities, etc (see instructions)					12	0
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 ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33½% support test—2008. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. 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 10%-facts-and-circumstances test—2007. 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"/>		
18 Private foundation. 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)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33½% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

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

Part I, Line 10:

Numerous assistance payments made on behalf of individual beneficiaries. None exceeding \$5,000.

\$9,160

Part I, Line 16:

Direct Tenant Services	\$18,905
Insurance	750
Depreciation	3,767
Miscellaneous	<u>292</u>
	<u>\$23,714</u>

Burlington Supportive Housing Initiatives, Inc.
EIN # 20-1308308
Part III – Statement of Program Service Accomplishments

Supporting schedule for Part III line 31: Expenses

Immigrant Initiatives Program:

This program works to improve the success of over 800 African refugee families currently living in Vermont by assisting with long-term housing situations in the Burlington and Winooski area.

(Grants \$ 0) No foreign grants. \$5,000

Ready to Rent:

A 6-8 week housing readiness education course that helps offenders accept responsibility for past rental issues, repair credit, create a workable budget, and become a successful renter.

(Grants \$ 0) No foreign grants. 411

Family Fund Day:

This program provides supportive services at the elderly/disabled buildings managed by Burlington Housing Authority.

(Grants \$ 0) No foreign grants. 45

Neighborhood Networks Technology Center:

To offer BHA public housing residents a path to economic self-sufficiency through the attainment of technology skills.

3,767

Total other program services \$9,223

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

The 2008 tax return included herewith has been amended to reflect 2008 contributions, gifts, grants, etc. (as corrected) of \$83,515 (on Form 990-EZ, Line 1) with additional revisions made to Schedule A, Part II and Schedule B, Part I.

In addition, grants expenses have been restated in Part III of Form 990-EZ.