



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning	7/1/2009	, and ending	6/30/2010
B Check if applicable	D Employer identification number		
<input checked="" type="checkbox"/> Address change	03-0360396		
<input type="checkbox"/> Name change	E Telephone number		
<input type="checkbox"/> Initial return	(802) 860-7812		
<input type="checkbox"/> Terminated	F Group Exemption		
<input type="checkbox"/> Amended return	Number ►		
<input type="checkbox"/> Application pending	City, town, or country	State	ZIP + 4
	Winooski	VT	05404

• 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: ► www.ru12.org	G Accounting Method	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
J Tax-exempt status (check only one) <input checked="" type="checkbox"/> 501(c) (3) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	Other (specify) ►	
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$	277,464

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

	Revenue	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	Contributions, gifts, grants, and similar amounts received												272,456											
2	Program service revenue including government fees and contracts												5,008											
3	Membership dues and assessments												0											
4	Investment income												0											
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)																							
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming check here ► <input type="checkbox"/>																							
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0																					
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																						
b	Less cost of goods sold	7b																						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0																					
8	Other revenue (describe ► See Attached Statement)	8	0																					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	277,464																					
10	Grants and similar amounts paid (attach schedule)	10	10,222																					
11	Benefits paid to or for members	11																						
12	Salaries, other compensation, and employee benefits	12	187,094																					
13	Professional fees and other payments to independent contractors	13	5,285																					
14	Occupancy, rent, utilities, and maintenance	14	21,098																					
15	Printing, publications, postage, and shipping	15	3,693																					
16	Other expenses (describe ► See Attached Statement)	16	63,006																					
17	Total expenses. Add lines 10 through 16	17	290,398																					
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,934																					
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	32,861																					
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	19,927																					

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)				
	(A) Beginning of year	(B) End of year		
22	Cash, savings, and investments	22,713	22	11,567
23	Land and buildings	11,704	23	8,360
24	Other assets (describe ►)	0	24	0
25	Total assets	34,417	25	19,927
26	Total liabilities (describe ► Line of credit)	1,556	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,861	27	19,927

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

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Education</u>				
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, and other relevant information for each program title.				
28 A drop-in center for gay, lesbian, transgender and transexual members of the community provided a safe space for communication. A hotline operates 45 hours per week for victims of violence and to refer the public to health and social services in the community.				
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/> 28a 264,216				
29				
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/> 29a 0				
30				
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/> 30a 0				
31 Other program services (attach schedule)				
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/> 31a 0				
32 Total program service expenses. (add lines 28a through 31a) ► 32 264,216				
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
Michael Upton, MD So Hero, VT 05486	Title Chair Hr/WK 2 hrs/wk	0	0	0
Elle Petcavage, MA So Burlington, VT 05403	Title Vice Chair Hr/WK 2 hrs/wk	0	0	0
Sue Krajac Westford, VT 05494	Title Treasurer Hr/WK 2 hrs/wk	0	0	0
Joe Ashton Colchester, VT 05446	Title Hr/WK 2 hrs/wk	0	0	0
Beth Dannon Winooski, VT 05404	Title Hr/WK 2 hrs/wk	0	0	0
Greg Raney Burlington, VT 05401	Title Hr/WK 2 hrs/wk	0	0	0
Shawn Lipenski Winooski, VT 05404	Title Hr/WK 2 hrs/wk	0	0	0
Kara DeLeonardis Burlington, VT 05401	Title Executive Director Hr/WK 40 hrs/wk	55,489	4,737	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 Yes No

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 why the organization did not report the income on Form 990-T 35a Yes No

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Yes No

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 37a Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b Yes No

b Did the organization file Form 1120-POL for this year? 38a Yes No

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 40a Yes No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0 40b Yes No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c Yes No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e Yes No

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 8866-T 40f Yes No

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

42 a The organization's books are in care of ► Kara DeLeonardis Telephone no. ► (802) 860-7812
Located at ► 20 Winooski Falls Way, #102 City Winooski ST VT ZIP + 4 ► 05404 42b Yes No

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 Yes No
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 Yes No
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 N/A 44 Yes No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No

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 Yes No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. Yes No 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a

b If "Yes," was the related organization a section 527 organization? Yes No 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

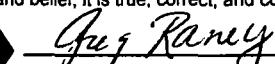
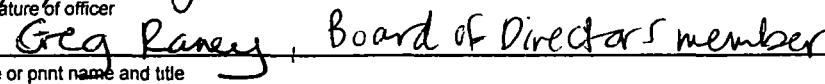
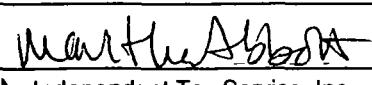
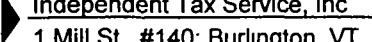
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	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		
	 Signature of officer  Type or print name and title		Date 11/11/10
Paid Preparer's Use Only	Preparer's signature 	Date 11/9/2010	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 	Preparer's identifying number (See Instructions) EIN 03-0302688	Phone no (802) 863-2271

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Public Charity Status and Public Support

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Burlington RU12 Community Center

Employer identification number

03-0360396

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III—Functionally integrated d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s)

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U S ?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").	231,968	193,908	302,134	302,834	272,456	1,303,300
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	231,968	193,908	302,134	302,834	272,456	1,303,300
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)						0
6 Public support. Subtract line 5 from line 4.						1,303,300

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	231,968	193,908	302,134	302,834	272,456	1,303,300
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143	130	29	0	0	302
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
11 Total support. Add lines 7 through 10						1,303,602
12 Gross receipts from related activities, etc (see instructions)					12	8,708
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 type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.98%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.80%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test-2009. 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-2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . .	0	0				0
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	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						0
c Add lines 10a and 10b . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . .						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . .	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .	0	0	0	0	0	0
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 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . .	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . .	18	0.00%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <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 I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

Class of activity	Grantee's name	Address	City	State	Zip code	Foreign Country
1 Education	Transgender Day of Remembrance	20 Winooski Falls Way	Winooski	VT	05404	
2 Education	TransAction	20 Winooski Falls Way	Winooski	VT	05404	
3 Education	Vermont Pride	20 Winooski Falls Way	Winooski	VT	05404	
4						
5						
6						
7						
8						
9						
10						

Part I, Line 16 (990-EZ) - Other Expenses

		63,006
1 Payroll taxes	1	13,523
2 Meals and entertainment	2	749
3 Program expenses	3	7,317
4 Advertising	4	2,260
5 Conferences, conventions, and meetings	5	16,682
6 Depreciation	6	3,344
7 Professional development	7	3,785
8 Equipment rental and maintenance	8	544
9 Interest	9	71
10 Supplies	10	1,846
11 Telephone	11	4,060
12 Payroll service	12	948
13 Mileage	13	1,216
14 Licenses and permits	14	150
15 Bank service charges	15	899
16 Miscellaneous	16	15
17 Insurance	17	5,555
18 Staff appreciation	18	42
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	
27	27	
28	28	
29	29	

Depreciation and Amortization
(Including Information on Listed Property)

2009

Name(s) shown on return

Burlington RU12 Community Center

Business or activity to which this form relates

Form 990-EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	\$250,000.			
2				
3	\$800,000.			
4				
5				
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29		7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the smaller of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A			
17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	3,344.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	►	

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	3,344.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	