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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CENTRAL VERMONT COMMUNITY ACTION COUNCIL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
195 US ROUTE 302

City or town, state or country, and ZIP + 4
BARRE, VT 05641

D Employer identification number
03-0216254

E Telephone number
(802)479-1053

G Gross receipts $ 21,621,413

F Name and address of principal officer
HAL COHEN
195 US ROUTE 302
BARRE, VT 05641

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CVCAC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1965 | **M** State of legal domicile VT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CVCAC PROVIDES COMPREHENSIVE SERVICES TO HELP PEOPLE ACHIEVE ECONOMIC WELL-BEING WITH DIGNITY AND DEVELOPS PARTNERSHIPS TO STRENGTHEN VERMONT COMMUNITIES OUR COMMITMENT IS TO ALLEVIATE THE SUFFERING CAUSED BY POVERTY, TO WORK WITH INDIVIDUALS AND FAMILIES TO MOVE OUT OF POVERTY, AND TO ADVOCATE FOR ECONOMIC JUSTICE FOR ALL VERMONTERS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	243
6	Total number of volunteers (estimate if necessary)	**6**	550
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	466,328
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-46,038

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	18,249,126	20,122,590
9	Program service revenue (Part VIII, line 2g)	1,371,966	1,422,880
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,203	4,846
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	66,144
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,626,295	21,616,460
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,278,058	9,892,449
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,288,234	8,674,190
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶49,865		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,940,507	2,079,371
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,506,799	20,646,010
19	Revenue less expenses Subtract line 18 from line 12	1,119,496	970,450

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	7,591,748	7,254,222
21	Total liabilities (Part X, line 26)	4,190,179	2,911,441
22	Net assets or fund balances Subtract line 21 from line 20	3,401,569	4,342,781

Part II Signature Block

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

Sign Here

****** | 2013-02-01
Signature of officer | Date

HAL COHEN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00441702

Firm's name (or yours if self-employed), address, and ZIP + 4: LEONE MCDONNELL & ROBERTS PA, 5 NELSON STREET, DOVER, NH 03820 | EIN ▶ 02-0417217 | Phone no ▶ (603) 749-2700

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

CVCAC PROVIDES COMPREHENSIVE SERVICES TO HELP PEOPLE ACHIEVE ECONOMIC WELL-BEING WITH DIGNITY AND DEVELOPE PARTNERSHIPS TO STRENGTHEN VERMONT COMMUNITIES OUR COMMITMENT IS TO ALLEVIATE THE SUFFERING CAUSED BY POVERTY, TO WORK WITH INDIVIDUALS AND FAMILIES TO MOVE OUT OF POVERTY, AND TO ADVOCATE FOR ECONOMIC JUSTICE FOR ALL VERMONTERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ **Yes** ☐ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☑ **Yes** ☐ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,410,368 including grants of $ 418,686) (Revenue $ 101,903)

CVCAC HEAD START AND EARLY HEAD START PROGRAMS, THE COUNCIL'S COMPREHENSIVE CHILD AND FAMILY DELOPMENT ACTIVITIES, PREPARE YOUNG CHILDREN FOR FUTURE SUCCESS IN SCHOOL AND IN LIFE THROUGH THE OPERATION OF LICENSED CHILD CARE CENTERS, THROUGH PARTNERSHIPS WITH LOCAL SCHOOLS AND BY PROVIDEING SERVICES TO FAMILIES IN THEIR HOMES IN ADDITION TO EARLY CHILDHOOD EDUCATION, THE COUNCIL PROVIDES PARENT EDUCATION, PARENT LEADERSHIP OPPORTUNITIES, MALE INVOLVEMENT ACTIVITIES, HEALTH, DENTAL AND NUTRITION SERIVES, DISABILITY SERIVICES, MENTAL HEALTH SERVICES, AND RESOURCE AND REFERRAL FOR OTHER NEEDED SOCIAL SERVICES FAMILY LITERACY PROGRAMMING, PARTIALLY FUNDED THROUGH TEEN PARENT EDUCATION, HHS OFFICE OF ADOLESCENT HEALTH, AND CANADAY FAMILY CHARITABLE TRUST, IS PROVIDED IN THE HOME, ON-SITE AT THE COUNCIL'S BROOK STREET SCHOOL LEARNING TOGETHER CENTER 527 CHILDREN PARTICIPATED IN HEAD START AND EARLY HEAD START PROGRAMS THAT BENEFITTED 1,007 ADDITIONAL FAMILY MEMBERS 87 HEAD START ELIGIBLE PARTNERS PARTICIPATED IN VERMONT FAMILY MATTERS TO STRENGTHEN FAMILY RELATIONSHIPS 17 YOUNG AND TEEN PARENTS PARTICIPATED IN OUR FAMILY LITERACY PROGRAMS

4b (Code) (Expenses $ 3,256,159 including grants of $ 1,802,062) (Revenue $ 34,995)

FAMILY AND COMMMUNITY SUPPORT SERVICES (FCSS) PROVIDE IMMEDIATE ASSISTANCE TO PEOPLE IN NEED OF FOOD, HOUSING, UTILITIES, AND HOME HEATING FUEL OFFICES ARE LOCATED IN BARRE, BERLIN, BRADFORD, MORRISVILLE, AND RANDOLPH STAFF MEMBERS ARE TRAINED TO HELP PEOPLE ARTICULATE AND PRIORITIZE THEIR NEEDS, IDENTIFY OPPORTUNITIES FOR RESOURCES AND SERVICES, AND MAKE REFERRALS TO STATE AGENCIES AND OTHER COMMUNITY-BASED PROGRAMS (INCLUDING OTHER PROGRAMS WITHIN THE AGENCY) IN ADDITION TO FOOD SHELVES, LOW-INCOME HOUSING COUNSELING, AND FUEL AND UTILITY ASSISTANCE, FCSS ALSO HOUSES THE AGENCIES TAX PREPARATION AND RESOLUTION PROGRAMS, SUPERVISED VISITATION AND EXCHANGE SERVICES FOR NONCUSTODIAL PARENTS, RE-ENTRY ASSISTANCE FOR POST-INCARCERATED WOMEN, SERVICE COORDINATION FOR VERMONTERS WITH MULTIPLE NEEDS REFERRED BY THE VERMONT DEPARTMENT OF CHILDREN AND FAMILIES IN 2012 FCSS BEGAN PROVIDING DISASTER CASE MANAGEMENT SERVICES THIS YEAR 5,363 HOUSEHOLDS WITH 11,982 INDIVIDUALS WERE PROVIDED WITH EMERGENCY SERVICES, INCLUDING FOOD FROM OUR FOOD SHELVES, FUEL & UTILITY ASSISTANCE, AS WELL AS REFERRALS TO OTHER COMMUNINTY RESOURCES TO ADDRESS CRITICAL NEEDS 1,541 FAMILIES ACCESSED HELP TO FIND AND KEEP SAFE SECURE HOUSING THROUGH OUR HOUSING COUNSELING PROGRAMS 3,650 HOUSEHOLDS USED OUR FUEL AND UTILITY PROGRAMS TO KEEP HEATING THEIR HOMES AND MAINTAIN ELECTRICITY 822 HOUSEHOLDS RECEIVED PROFESSIONAL, NO COST HELP COMPLETING AND FILING TAXES WITH THE IRS, RECEIVING THE FULL BENEFITS OF REFUNDS, CREDITS AND REBATES DUE HOUSEHOLDS RECEIVED $1,446,297 IN REFUNDS, REBATES AND CREDITS 12 HOUSEHOLDS USED OUR LOW INCOME TAXPAYER CLINIC TO RESOLVE IRS CONTROVERSIES AND LEARN MORE ABOUT THEIR RIGHTS AND RESPONSIBILITIES AS TAXPAYERS 34 FAMILIES USED OUR CHILDREN'S HOUR SUPERVISED VISITATION AND EXHCANGE SERVICES TO ALLOW NONCUSTODIAL PARENTS OPPORTUNITIES TO VISIT THEIR CHILDREN IN RESPONSE TO TROPICAL STORM IRENE, CVCAC SECURED A $2 4 MILLION GRANT FROM THE FEDERAL EMERGENCY MANAGEMENT AGENCY (US DEPARTMENT OF HOMELAND SECURITY) ON BEHALF OF THE STATE OF VERMONT TO PROVIDE CASE MANAGEMENT STATEWIDE FOR FLOOD IMPACTED VERMONTERS MORE THAN ONE YEAR AFTER TROPICAL STORM IRENE, STAFF CONTINUES TO UNCOVER CASES WHERE PEOPLE HAVE EXHAUSTED ALL OF THEIR RESOURCES THESE VERMONTERS ARE IN MOST NEED OF AN ADVOCATE, SOMEONE IN THEIR CORNER TO HELP THEM NAVIGATE RED TAPE, SOMEONE TO GIVE THEM HOPE TO DATE, MORE THAT 581 HOUSEHOLDS, MANY OF WHICH STILL FACE SEVER CHALLENGES TO RECOVERY, HAVE BEEN ENROLLED CVCAC STAFF AND PARTNERS ARE MAKING A DIFFERENCE

4c (Code) (Expenses $ 7,365,941 including grants of $ 4,930,737) (Revenue $ 1,091,132)

THE AGENCY'S WEATHERIZATION TEAM CONDUCTS HOME ENERGY AUDITS FOR INCOME ELIGIBLE CENTRAL VERMONT HOUSEHOLDS THE TEAM AND PARTNERING CONTRACTORS FOLLOW UP WITH COST SAVINGS MEASURES SUCH AS ADDED INSULATION, DRAFT REDUCTION, HEATING SYSTEM EFFICIENCY IMPROVEMENTS, INSTALLATION OF ENERGY EFFICIENT LIGHTING, HOT WATER HEATER REPLACEMENT OR INSULATION, AND MORE IN ADDITION, THIS PROGRAM OFFERS EMERGENCY HEATING SYSTEM REPLACEMENTS OR REPAIRS TO ENSURE THE PROPER SAFETY AND FUNCTIONING OF THEIR HOME HEATING SYSTEMS 478 HOUSING UNITS WERE WEATHERIZED BENEFITTING 809 INDIVIDUALS 40 HOUSEHOLDS HAD FAULTY HEATING SYSTEMS REPAIRED AND 40 HOUSEHOLDS HAD SYSTEMS REPLACED

(Code) (Expenses $ 4,067,296 including grants of $ 2,740,964) (Revenue $ 260,994)

HOUSING CENTRAL VERMONT COMMUNITY ACTION COUNCIL, INC PROVIDES 9 AFFORDABLE HOUSING UNITS IN TWO BUILDINGS (HUD SECTION 8) IN RANDOLPH, VERMONT CALLED PROSPECT FOREST HOMES THIS GROUP OF FUNDS HOLDS THE PROPERTY, PLANT AND EQUIPMENT USED TO PROVIDE THESE HOUSING UNITS FOLLOWING A FIRE IN ONE OF THE UNITS IN 2010, IT WAS REBUILT TO MODEL ENERGY EFFICIENCY STANDARDS FOR AFFORDABLE HOUSING AND REOCCUPIED IN 2011 COMPARISON OF FUEL CONSUMPTION BEFORE THE FIRE WITH THE FUEL CONSUMPTION OF THE REBUILT FACILITY SUGGESTS A NOTABLE SAVINGS IN HOME HEATING EXPENDITURES CVCAC ALSO ACTED AS FISCAL AGENT AND ADMINISTRATOR FOR THE VERMONT IRENE FLOOD RELIEF FUND ACCEPTING DONATIONS AND MAKING SMALL GRANTS TO BUSINESSES IMPACTED BY THE FLOOD MORE THAN $492,000 IN GRANTS WAS MADE TO HELP 279 BUSINESSES BEGIN THE LONG PROCESS OF RECOVERY CVCAC'S MICRO BUSINESS DEVELOPMENT PROGRAM ASSISTS LOW TO MODERATE INCOME VERMONTERS INTERESTED IN IMPROVING THEIR ECONOMIC OUTLOOK THROUGH SELF-EMPLOYMENT THE COUNCIL OFFERS COMPREHENSIVE TRAININGS IN BUSINESS BASICS INDIVIDUALIZED COUNSELING IS PROVIDED TO PARTICIPANTS IN AREAS OF BUSINESS PLAN DEVELOPMENT, PRODUCT DEVELOPMENT, MARKETING, FINANCE, MANAGING EMPLOYEES, AND MUCH MORE 157 ENTREPRENEURS RECEIVED COUNSELING AND TECHNICAL ASSISTANCE ON STARTING OR EXPANDING A BUSINESS THROUGH THE MICRO BUSINESS DEVELOPMENT PROGRAM 13 BUSINESSES WERE STARTED OR EXPANDED, CREATING 31 5 FULL-TIME EQUIVALENT JOBS TANGIBLE ASSETS IS CVCAC'S MATCHED SAVINGS AND FINANCIAL LITERACY PROGRAM AFTER COMPLETING A COMPREHENSIVE FINANCIAL LITERACY CURRICULUM, CENTRAL VERMONTERS BEGAN ACCRUING SOME OF THEIR EARNED INCOME IN SAVINGS ACCOUNTS WHERE THEIR EFFORTS WERE MATCHED BY AS MUCH AS $3 FOR EVERY $1 DEPOSITED WITH ADDITIONAL FEDERAL GRANTS AND STATE OF VERMONT ALLOCATIONS, THE COUNCIL CONTINUES TO ENCOURAGE OTHER VERMONTERS TO BECOME FINANCIALLY LITERATE WHILE THEY ACCRUE ASSETS FOR POST-SECONDARY EDUCATION, BUSINESS DEVELOPMENT, OR HOME OWNERSHIP 360 PEOPLE ATTENDED FINANCIAL LITERACY WORKSHOPS OR RECEIVED ONE-TO-ONE FINANCIAL COUNSELING 67 CENTRAL VERMONTER'S SAVED TOWARDS AN ASSET THAT WILL PROVIDE LONG-TERM ECONOMIC SECURITY - A FIRST-TIME HOME, EDUCATION, OR BUSINESS THE VERMONT WOMEN'S BUSINESS CENTER (VWBC) SERVES WOMEN AROUND THE STATE THROUGH PARTNERSHIPS WITH COMMUNITY ACTION AGENCIES AND OTHER SERVICE PROVIDERS THE VWBC PROVIDES WOMEN WITH THE TRAINING, ASSISTANCE AND SUPPORT NEEDED TO START AND EXPAND SUCCESSFUL BUSINESSES, THEREBY PROMOTING ECONOMIC INDEPENDENCE AND HEALTHY COMMUNITIES 312 WOMEN STATEWIDE RECEIVED TRAINING, COUNSELING AND TECHNICAL ASSISTANCE FROM THE VERMONT WOMEN'S BUSINESS CENTER TO PURSUE DREAMS OF BUSINESS OWNERSHIP 14 BUSINESSES WERE STARTED OR EXPANDED AND 13 JOBS CREATED CVCAC'S CHILD CARE FOOD PROGRAM WORKED WITH 201 CHILD CARE PROVIDERS WHO PROVIDED HEALTHY, NUTRITIOUS MEALS AND SNACKS TO THE 1,848 CHILDREN IN THEIR CARE CVCAC HELPS APPROVED PROVIDERS ACCESS CCFP MEAL AND SNACK REIMBURSEMENTS THROUGH THE U S DEPARTMENT OF AGRICULTURE THE VERMONT CAR COACH PROGRAM, A STATEWIDE PARTNERSHIP WITH THE VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES AND VOCATIONAL REHABILITATION, ASSISTS INDIVIDUALS IN SECURING LOANS TO PURCHASE QUALITY CARS AND MAKING CAR REPAIRS PARTICIPANTS RECEIVE EDUCATIONAL INFORMATION AND GUIDANCE ON CREDIT ISSUES, FINDING AND TEST DRIVING CARS, AND POST PURCHASE REPAIRS AND MAINTENANCE ISSUES 348 VERMONTERS FOUND AND MAINTAINED RELIABLE TRANSPORTATION WITH SUPPORT FROM THE VERMONT CAR COACH PROGRAM, INCLUDING 148 CARS PURCHASED ONLY 4 CAR REPAIRS WERE NEEDED SUGGESTING THAT STAFF ARE ABLE TO HELP PARTICIPANTS SECURE USED CARS THAT ARE IN BETTER SHAPE AND ARE MORE RELIABLE VERMONT GREEN, A PROGRAM OF CENTRAL VERMONT COMMUNITY ACTION COUNCIL, WAS A STATEWIDE PUBLIC-PRIVATE PARTNERSHIP TO SUPPORT GREEN JOB TRAINING FOR THE RENEWABLE ENERGY AND ENERGY EFFICIENCY SECTORS THE PROJECT, ORIGINALLY SLATED FOR TWO YEARS, WAS GRANTED A SIX-MONTH NO COST EXTENSION, WHICH ENDED IN MID-JULY 2012 FUNDING WAS PROVIDED BY A U S DEPARTMENT OF LABOR, AMERICAN RECOVERY AND REINVESTMENT ACT, ENERGY TRAINING PARTNERSHIP GRANT THE PROJECT WAS HIGHLY SUCCESSFUL, OUTPERFORMING ALL PROJECTED OUTCOMES, AND WAS CITED ON MULTIPLE OCCASIONS FOR BEST PRACTICES DURING THE YEAR ENDED SEPTEMBER 30, 2012, 901 NEW PARTICIPANTS WORKED WITH VERMONT GREEN CAREER DEVELOPMENT COUNSELORS TO PREPARE FOR JOBS IN THE GREEN ECONOMY, 670 COMPLETED TRAINING TO BUILD GREEN JOB SKILLS, 583 RECEIVED INDUSTRY CREDENTIALS OR CERTIFICATION, 783 WERE EITHER PLACED IN JOBS OR ADVANCED IN THEIR CURRENT JOBS, AND 523 PEOPLE RETAINED THEIR NEW POSITIONS WITH THEIR ENHANCED SKILLS OVERALL, 2,431 PARTICIPANTS WERE ENROLLED IN THE PROJECT, 2,332 PARTICIPATED IN JOB TRAINING, 2,190 RECEIVED INDUSTRY-RECOGNIZED CREDENTIALS, 1,933 WERE PLACED OR ADVANCED IN GREEN JOBS (1,805 OF WHICH DIRECTLY RESULTED FROM TRAINING), AND 845 PARTICIPANTS HAD RETAINED THEIR JOBS AS OF THE END OF THE PROJECT CVCAC IS AN ACTIVE MEMBER OF VERMONT'S COMMUNITY SERVICES BLOCK GRANT AGENCY NETWORK THAT PROVIDES FAMILY DEVELOPMENT AND EMERGENCY SERVICES THROUGHOUT THE STATE CSBG FUNDS ARE FEDERAL PASS-THROUGH RESOURCES ADMINISTERED BY THE STATE OF VERMONT OFFICE OF ECONOMIC OPPORTUNITY CSBG IS AN IMPORTANT SOURCE OF BOTH DISCRETIONARY AND PROGRAMMATIC RESOURCES THAT ARE USED TO LEVERAGE OTHER SOURCES OF FUNDING, WHICH ENABLES STAFF TO ADDRESS THE FOLLOWING GOALS 1) LOW-INCOME PEOPLE BECOME MORE SELF-SUFFICIENT, 2) CONDITIONS IN WHICH LOW-INCOME PEOPLE LIVE ARE IMPROVED, 3) LOW-INCOME PEOPLE OWN A STAKE IN THEIR COMMUNITIES, 4) PARTNERSHIP AMONG SUPPORTERS AND PROVIDERS OF SERVICES TO LOW-INCOME PEOPLE ARE ACHIEVED, 5) AGENCIES INCREASE THEIR CAPACITY TO ACHIEVE RESULTS, AND 6) LOW-INCOME PEOPLE, ESPECIALLY VULNERABLE POPULATIONS, ACHIEVE THEIR POTENTIAL BY STRENGTHENING THEIR FAMILY AND OTHER SUPPORT SYSTEMS

4d Other program services (Describe in Schedule O)

(Expenses $ 4,067,296 including grants of $ 2,740,964) (Revenue $ 260,994)

4e **Total program service expenses** ▶ $ 19,099,764

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	597		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	243			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ VT

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

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Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAL COHEN EXECUTIVE DIRECTOR	45 00	X						121,745	0	3,509
(2) MICHAEL SHERMAN PRESIDENT	1 00	X		X				0	0	0
(3) FLOYD NEASE TREASURER	1 00	X		X				0	0	0
(4) JOHN PATERSON PARTICIPANT SECTOR REPRESE	1 00	X						0	0	0
(5) DONNY OSMAN PRIVATE SECTOR REPRESENTAT	1 00	X						0	0	0
(6) RUBIN BENNETT SECRETARY	1 00	X		X				0	0	0
(7) CAROL O'NEILL PUBLIC SECTOR REPRESENTATI	1 00	X						0	0	0
(8) DEB MARKOWITZ PUBLIC SECTOR REPRESENTATI	1 00	X						0	0	0
(9) MARY S HOOPER PUBLIC SECTOR REPRESENTATI	1 00	X						0	0	0
(10) LORI BELDING VICE PRESIDENT	1 00	X		X				0	0	0
(11) SANDRA LOVEJOY PARTICIPANT SECTOR REPRESE	1 00	X						0	0	0
(12) MICHELE PACKARD PARTICIPANT SECTOR ALTERNA	1 00	X						0	0	0
(13) KAREN DYER PARTICIPANT SECTOR ALTERNA	1 00	X						0	0	0
(14) KELLY INGRAM PARTICIPANT SECTOR REPRESE	1 00	X						0	0	0
(15) CONNIE DECOSTE PARTICIPANT SECTOR REPRESE	1 00	X						0	0	0
(16) BOBBISUE CHAMPNEY PARTICIPANT SECTOR REPRESE	1 00	X						0	0	0
(17) HEATHER PAYE PARTICIPANT SECTOR ALTERNA	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FAITH RYAN PARTICIPANT SECTOR ALTERNA	1 00	X						0	0	0
(19) ANITA CHADDERTON PUBLIC SECTOR REPRESENTATI	1 00	X						0	0	0
(20) BARBARA VACARR PRIVATE SECTOR REPRESENTAT	1 00	X						0	0	0
(21) CINDY SENNING PRIVATE SECTOR REPRESENTAT	1 00	X						0	0	0
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								121,745	0	3,509

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 28,927				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 17,618,613				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,475,050				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		20,122,590			
Program Service Revenue			Business Code				
	2a	WEATHERIZATION	230000	1,091,132	624,804	466,328	
	b	HOUSING RENTALS	624200	111,554	111,554		
	c	COMMUNITY ECONOMIC DEV	624200	39,772	39,772		
	d						
	e						
	f	All other program service revenue		180,422	180,422		
	g	**Total.** Add lines 2a–2f		1,422,880			
	3	Investment income (including dividends, interest and other similar amounts)		5,125			5,125
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,674				
	b	Less cost or other basis and sales expenses	4,953				
	c	Gain or (loss)	-279				
	d	Net gain or (loss)		-279			-279
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	INSURANCE PROCEEDS	624200	66,144	66,144		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		66,144			
	12	**Total revenue.** See Instructions		21,616,460	1,022,696	466,328	4,846

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	9,892,449	9,892,449		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	136,381	117,502	18,152	727
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,654,391	5,733,237	885,665	35,489
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,850	63,627	9,829	394
9	Other employee benefits	1,321,670	1,138,714	175,914	7,042
10	Payroll taxes	487,898	420,359	64,939	2,600
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties . .				
16	Occupancy	759,290	684,249	74,747	294
17	Travel	376,984	353,806	22,375	803
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	25,413	25,413		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	134,875	123,651	11,224	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER	538,308	344,827	190,969	2,512
b	EQUIPMENT AND EXPENDABL	193,133	151,993	41,136	4
c	MEETING	51,368	49,937	1,431	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	20,646,010	19,099,764	1,496,381	49,865
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		25,510	1	18,141
	2	Savings and temporary cash investments		1,264,851	2	2,174,938
	3	Pledges and grants receivable, net		2,563,472	3	1,195,454
	4	Accounts receivable, net		442,414	4	525,006
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		220,057	8	137,714
	9	Prepaid expenses and deferred charges		135,308	9	107,365
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,513,843			
	b	Less accumulated depreciation	10b 1,000,478	2,623,474	10c	2,513,365
	11	Investments—publicly traded securities		43,683	11	19,859
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		272,979	15	562,380
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,591,748	16	7,254,222
Liabilities	17	Accounts payable and accrued expenses		1,882,884	17	1,308,023
	18	Grants payable			18	
	19	Deferred revenue		430,830	19	739,503
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,321,626	23	595,437
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		554,839	25	268,478
	26	**Total liabilities.** Add lines 17 through 25		4,190,179	26	2,911,441
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,328,796	27	2,938,891
	28	Temporarily restricted net assets		1,072,773	28	1,403,890
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,401,569	33	4,342,781
	34	Total liabilities and net assets/fund balances		7,591,748	34	7,254,222

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,616,460
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,646,010
3	Revenue less expenses Subtract line 2 from line 1	3	970,450
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,401,569
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-29,239
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,342,781

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL VERMONT COMMUNITY ACTION COUNCIL

Employer identification number
03-0216254

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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,267,663	12,160,561	14,741,029	18,249,126	20,122,870	76,541,249
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	11,267,663	12,160,561	14,741,029	18,249,126	20,122,870	76,541,249
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)						
6 **Public Support.** Subtract line 5 from line 4						76,541,249

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	11,267,663	12,160,561	14,741,029	18,249,126	20,122,870	76,541,249
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,557	24,124	27,627	8,837	5,125	95,270
9 Net income from unrelated business activities, whether or not the business is regularly carried on	237,657	84,106				321,763
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	40,586	308,325			66,144	415,055
11 **Total support** (Add lines 7 through 10)						77,373,337

12 Gross receipts from related activities, etc (See instructions)	12	704,020

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	98 920 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 730 %

16a **33 1/3% support test—2011.** 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 ☑

b **33 1/3% support test—2010.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2011.** 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 ☐

b **10%-facts-and-circumstances test—2010.** 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 ☐

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 ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL VERMONT COMMUNITY ACTION COUNCIL

Employer identification number
03-0216254

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		315,818		315,818
b Buildings		2,833,067	783,599	2,049,468
c Leasehold improvements		59,755	40,134	19,621
d Equipment		305,203	176,745	128,458
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,513,365

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ADVANCES TO TANGIBLE ASSET PROGRAMS	194,170
(2) LOAN ORIGINATION FEES	4,487
(3) OTHER ASSETS	4,070
(4) CONSTRUCTION IN PROCESS	359,653
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	562,380

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SECURITY DEPOSIT	3,869
TANGIBLE ASSET DEFERRED REVENUE	264,609
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	268,478

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,616,460
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,646,010
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	970,450
4	Net unrealized gains (losses) on investments	4	-29,239
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-29,239
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	941,211

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	21,521,078
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	21,521,078
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	95,383		
c	Add lines **4a** and **4b**			4c	95,383
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	21,616,461

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	20,646,010
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	20,646,010
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	20,646,010

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACCOUNTING STANDARD CODIFICATION NO 740, "ACCOUNTING FOR INCOME TAXES," ESTABLISHED THE MINIMUM THRESHOLD FOR RECOGNIZING, AND A SYSTEM FOR MEASURING, THE BENEFITS OF TAX RETURN POSITIONS IN FINANCIAL STATEMENTS THE COUNCIL HAS ANALYZED THE ORGANIZATION'S TAX POSITION TAKEN ON ITS INCOME TAX RETURNS FOR THE YEARS (2008 THROUGH 2011), FOR THE PURPOSES OF IMPLEMENTATION, AND HAS CONCLUDED THAT NO ADDITIONAL PROVISION FOR INCOME TAXES IS NECESSARY IN THE COUNCIL'S FINANCIAL STATEMENTS
PART XII, LINE 4B - OTHER ADJUSTMENTS		INSURANCE PROCEEDS UNREALIZED LOSSES NOT BROKEN OUT IN FINANCIAL STATEMENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL VERMONT COMMUNITY ACTION COUNCIL

Employer identification number
03-0216254

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
		THE COUNCIL MAINTAINS CASE MANAGEMENT FILES TO TRACK THE GRANT ASSISTANCE TO INDIVIDUALS AND FAMILIES

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL VERMONT COMMUNITY ACTION COUNCIL

Employer identification number
03-0216254

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAUL MARKOWITZ	HUSBAND OF BOARD MEMBER	3,614	CONSULTING		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL VERMONT COMMUNITY ACTION COUNCIL

Employer identification number
03-0216254

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	NEW PROGRAM SERVICES INCLUDE DISASTER CASE MANAGEMENT/FLOOD RECOVERY PROGRAM
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	CEASED VERMONT GREEN PROGRAM
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE ANNUAL FORM FORM 990 WILL BE GIVEN TO EACH BOARD MEMBER PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST POLICY IS UPDATED AND SIGNED BY EACH BOARD MEMBER ON AN ANNUAL BASIS
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DELIBERATED AND APPROVED BY THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -29,239

Additional Data

Software ID:
Software Version:
EIN: 03-0216254
Name: CENTRAL VERMONT COMMUNITY ACTION COUNCIL

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 4,067,296 including grants of $ 2,740,964) (Revenue $ 260,994)

HOUSING CENTRAL VERMONT COMMUNITY ACTION COUNCIL, INC PROVIDES 9 AFFORDABLE HOUSING UNITS IN TWO BUILDINGS (HUD SECTION 8) IN RANDOLPH, VERMONT CALLED PROSPECT FOREST HOMES THIS GROUP OF FUNDS HOLDS THE PROPERTY, PLANT AND EQUIPMENT USED TO PROVIDE THESE HOUSING UNITS FOLLOWING A FIRE IN ONE OF THE UNITS IN 2010, IT WAS REBUILT TO MODEL ENERGY EFFICIENCY STANDARDS FOR AFFORDABLE HOUSING AND REOCCUPIED IN 2011 COMPARISON OF FUEL CONSUMPTION BEFORE THE FIRE WITH THE FUEL CONSUMPTION OF THE REBUILT FACILITY SUGGESTS A NOTABLE SAVINGS IN HOME HEATING EXPENDITURES CVCAC ALSO ACTED AS FISCAL AGENT AND ADMINISTRATOR FOR THE VERMONT IRENE FLOOD RELIEF FUND ACCEPTING DONATIONS AND MAKING SMALL GRANTS TO BUSINESSES IMPACTED BY THE FLOOD MORE THAN $492,000 IN GRANTS WAS MADE TO HELP 279 BUSINESSES BEGIN THE LONG PROCESS OF RECOVERY CVCAC'S MICRO BUSINESS DEVELOPMENT PROGRAM ASSISTS LOW TO MODERATE INCOME VERMONTERS INTERESTED IN IMPROVING THEIR ECONOMIC OUTLOOK THROUGH SELF-EMPLOYMENT THE COUNCIL OFFERS COMPREHENSIVE TRAININGS IN BUSINESS BASICS INDIVIDUALIZED COUNSELING IS PROVIDED TO PARTICIPANTS IN AREAS OF BUSINESS PLAN DEVELOPMENT, PRODUCT DEVELOPMENT, MARKETING, FINANCE, MANAGING EMPLOYEES, AND MUCH MORE 157 ENTREPRENEURS RECEIVED COUNSELING AND TECHNICAL ASSISTANCE ON STARTING OR EXPANDING A BUSINESS THROUGH THE MICRO BUSINESS DEVELOPMENT PROGRAM 13 BUSINESSES WERE STARTED OR EXPANDED, CREATING 31 5 FULL-TIME EQUIVALENT JOBS TANGIBLE ASSETS IS CVCAC'S MATCHED SAVINGS AND FINANCIAL LITERACY PROGRAM AFTER COMPLETING A COMPREHENSIVE FINANCIAL LITERACY CURRICULUM, CENTRAL VERMONTERS BEGAN ACCRUING SOME OF THEIR EARNED INCOME IN SAVINGS ACCOUNTS WHERE THEIR EFFORTS WERE MATCHED BY AS MUCH AS $3 FOR EVERY $1 DEPOSITED WITH ADDITIONAL FEDERAL GRANTS AND STATE OF VERMONT ALLOCATIONS, THE COUNCIL CONTINUES TO ENCOURAGE OTHER VERMONTERS TO BECOME FINANCIALLY LITERATE WHILE THEY ACCRUE ASSETS FOR POST-SECONDARY EDUCATION, BUSINESS DEVELOPMENT, OR HOME OWNERSHIP 360 PEOPLE ATTENDED FINANCIAL LITERACY WORKSHOPS OR RECEIVED ONE-TO-ONE FINANCIAL COUNSELING 67 CENTRAL VERMONTER'S SAVED TOWARDS AN ASSET THAT WILL PROVIDE LONG-TERM ECONOMIC SECURITY - A FIRST-TIME HOME, EDUCATION, OR BUSINESS THE VERMONT WOMEN'S BUSINESS CENTER (VWBC) SERVES WOMEN AROUND THE STATE THROUGH PARTNERSHIPS WITH COMMUNITY ACTION AGENCIES AND OTHER SERVICE PROVIDERS THE VWBC PROVIDES WOMEN WITH THE TRAINING, ASSISTANCE AND SUPPORT NEEDED TO START AND EXPAND SUCCESSFUL BUSINESSES, THEREBY PROMOTING ECONOMIC INDEPENDENCE AND HEALTHY COMMUNITIES 312 WOMEN STATEWIDE RECEIVED TRAINING, COUNSELING AND TECHNICAL ASSISTANCE FROM THE VERMONT WOMEN'S BUSINESS CENTER TO PURSUE DREAMS OF BUSINESS OWNERSHIP 14 BUSINESSES WERE STARTED OR EXPANDED AND 13 JOBS CREATED CVCAC'S CHILD CARE FOOD PROGRAM WORKED WITH 201 CHILD CARE PROVIDERS WHO PROVIDED HEALTHY, NUTRITIOUS MEALS AND SNACKS TO THE 1,848 CHILDREN IN THEIR CARE CVCAC HELPS APPROVED PROVIDERS ACCESS CCFP MEAL AND SNACK REIMBURSEMENTS THROUGH THE U S DEPARTMENT OF AGRICULTURE THE VERMONT CAR COACH PROGRAM, A STATEWIDE PARTNERSHIP WITH THE VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES AND VOCATIONAL REHABILITATION, ASSISTS INDIVIDUALS IN SECURING LOANS TO PURCHASE QUALITY CARS AND MAKING CAR REPAIRS PARTICIPANTS RECEIVE EDUCATIONAL INFORMATION AND GUIDANCE ON CREDIT ISSUES, FINDING AND TEST DRIVING CARS, AND POST PURCHASE REPAIRS AND MAINTENANCE ISSUES 348 VERMONTERS FOUND AND MAINTAINED RELIABLE TRANSPORTATION WITH SUPPORT FROM THE VERMONT CAR COACH PROGRAM, INCLUDING 148 CARS PURCHASED ONLY 4 CAR REPAIRS WERE NEEDED SUGGESTING THAT STAFF ARE ABLE TO HELP PARTICIPANTS SECURE USED CARS THAT ARE IN BETTER SHAPE AND ARE MORE RELIABLE VERMONT GREEN, A PROGRAM OF CENTRAL VERMONT COMMUNITY ACTION COUNCIL, WAS A STATEWIDE PUBLIC-PRIVATE PARTNERSHIP TO SUPPORT GREEN JOB TRAINING FOR THE RENEWABLE ENERGY AND ENERGY EFFICIENCY SECTORS THE PROJECT, ORIGINALLY SLATED FOR TWO YEARS, WAS GRANTED A SIX-MONTH NO COST EXTENSION, WHICH ENDED IN MID-JULY 2012 FUNDING WAS PROVIDED BY A U S DEPARTMENT OF LABOR, AMERICAN RECOVERY AND REINVESTMENT ACT, ENERGY TRAINING PARTNERSHIP GRANT THE PROJECT WAS HIGHLY SUCCESSFUL, OUTPERFORMING ALL PROJECTED OUTCOMES, AND WAS CITED ON MULTIPLE OCCASIONS FOR BEST PRACTICES DURING THE YEAR ENDED SEPTEMBER 30, 2012, 901 NEW PARTICIPANTS WORKED WITH VERMONT GREEN CAREER DEVELOPMENT COUNSELORS TO PREPARE FOR JOBS IN THE GREEN ECONOMY, 670 COMPLETED TRAINING TO BUILD GREEN JOB SKILLS, 583 RECEIVED INDUSTRY CREDENTIALS OR CERTIFICATION, 783 WERE EITHER PLACED IN JOBS OR ADVANCED IN THEIR CURRENT JOBS, AND 523 PEOPLE RETAINED THEIR NEW POSITIONS WITH THEIR ENHANCED SKILLS OVERALL, 2,431 PARTICIPANTS WERE ENROLLED IN THE PROJECT, 2,332 PARTICIPATED IN JOB TRAINING, 2,190 RECEIVED INDUSTRY-RECOGNIZED CREDENTIALS, 1,933 WERE PLACED OR ADVANCED IN GREEN JOBS (1,805 OF WHICH DIRECTLY RESULTED FROM TRAINING), AND 845 PARTICIPANTS HAD RETAINED THEIR JOBS AS OF THE END OF THE PROJECT CVCAC IS AN ACTIVE MEMBER OF VERMONT'S COMMUNITY SERVICES BLOCK GRANT AGENCY NETWORK THAT PROVIDES FAMILY DEVELOPMENT AND EMERGENCY SERVICES THROUGHOUT THE STATE CSBG FUNDS ARE FEDERAL PASS-THROUGH RESOURCES ADMINISTERED BY THE STATE OF VERMONT OFFICE OF ECONOMIC OPPORTUNITY CSBG IS AN IMPORTANT SOURCE OF BOTH DISCRETIONARY AND PROGRAMMATIC RESOURCES THAT ARE USED TO LEVERAGE OTHER SOURCES OF FUNDING, WHICH ENABLES STAFF TO ADDRESS THE FOLLOWING GOALS 1) LOW-INCOME PEOPLE BECOME MORE SELF-SUFFICIENT, 2) CONDITIONS IN WHICH LOW-INCOME PEOPLE LIVE ARE IMPROVED, 3) LOW-INCOME PEOPLE OWN A STAKE IN THEIR COMMUNITIES, 4) PARTNERSHIP AMONG SUPPORTERS AND PROVIDERS OF SERVICES TO LOW-INCOME PEOPLE ARE ACHIEVED, 5) AGENCIES INCREASE THEIR CAPACITY TO ACHIEVE RESULTS, AND 6) LOW-INCOME PEOPLE, ESPECIALLY VULNERABLE POPULATIONS, ACHIEVE THEIR POTENTIAL BY STRENGTHENING THEIR FAMILY AND OTHER SUPPORT SYSTEMS

Additional Data

Return to Form

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Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EARLY CHILDHOOD EDUCATION AND FAMILY DEVELOPMENT SERVICES TO INDIVIDUALS	1638	418,686			
EMERGENCY SERVICES FOR INDIVIDUALS	18041	1,802,062			
COMMUNITY ECONOMIC DEVELOPMENT SERVICES FOR INDIVIDUALS	1030	248,951			
WEATHERIZATION AND EMERGENCY HEATING SYSTEM REPLACEMENTS AND REPAIRS FOR HOUSEHOLDS	889	4,930,737			
VT GREEN JOB TRAINING	901	1,112,913			
CAR COACH	348	5,924			
CSBG	18041	44,817			
FLOOD RELIEF FOR BUSINESSES	279	412,961			
FOOD FOR DAYCARE HOMES	1848	915,398			