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# $\mathsf{Form} 990$

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

Open to Public Inspection

A Fo	r the	2012 cal	endar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2	2013			
		applicable	C Name of organization CENTRAL VERMONT COMMUNITY ACTION COUNCIL		D Employe	er ident	fication number
		change	Doing Business As		03-021	6254	
∏ Na	me ch	ange					
Ind	tial ret	urn	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephon	e numbe	r
Te	rmınat	ed	20 GABLE PLACE		(802)4	79-10	53
M Am	ended	l return	City or town, state or country, and ZIP + 4 BARRE, VT 056412267		(002)4	7 7 10	
П Ар	plicatio	on pending	BARRE, VI 030412207		<b>G</b> Gross red	eipts \$ 1	6,747,033
			F Name and address of principal officer	<b>H(a)</b> Is th	ıs a group r	eturn fo	
			HAL COHEN 20 GABLE PLACE	affilia	ites?		┌ Yes 🗸 No
			BABBE VT 056413367	H(b) Are a	all affiliates	ınclude	ed? □ Yes □ No
							ee instructions)
I Ta	x-exe	mpt status		u(a) Grou	ıp exemptic	ın numl	ner 🌬
			WW CVCAC ORG	H(c) Grou	zp exempere	, iii ii diiii	
			Corporation  Trust  Association  Other ►	<b>L</b> Year of fo	rmation 196	5 <b>M</b> St	ate of legal domicile VT
26	rt I		escribe the organization's mission or most significant activities				
Governance		CVCAC AND DE SUFFER	PROVIDES COMPREHENSIVE SERVICES TO HELP PEOPLE ACHIEVE VELOPS PARTNERSHIPS TO STRENGTHEN VERMONT COMMUNITIES ING CAUSED BY POVERTY, TO WORK WITH INDIVIDUALS AND FAMI ATE FOR ECONOMIC JUSTICE FOR ALL VERMONTERS	S OUR CO	MMITMEN	TISTO	ALLEVIATE THE
E E							
50	2	Check t	his box 🛌 if the organization discontinued its operations or disposed of r	more than 2	:5% of its r	et ass	ets
Activities &			of voting members of the governing body (Part VI, line 1a)			3	14
₩.			of independent voting members of the governing body (Part VI, line 1b)			4	14
ă			mber of individuals employed in calendar year 2012 (Part V, line 2a) .		+	5	250
			mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12		+	6 7a	447,991
	1		elated business taxable income from Form 990-T, line 34		: :	7a   7b	-43,802
	<del>                                     </del>	Tree dille			r Year	75	Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)		20,122,59	90	15,264,370
ĕ	9		am service revenue (Part VIII, line 2g)		1,422,88		862,181
Rayenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		4,84	_	333,532
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,14	14	0
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		21.616.44	- 0	16.460.002
	-				21,616,46		16,460,083
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		9,892,44	0	4,682,029
	14		es, other compensation, employee benefits (Part IX, column (A), line 4)			4	
83	15	5-10			8,674,19	90	8,205,498
818	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	Ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶51,131				
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,079,37	71	3,000,288
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		20,646,0	10	15,887,815
	19	Rever	nue less expenses Subtract line 18 from line 12		970,45	50	572,268
Net Assets or Fund Balances					g of Current 'ear	:	End of Year
SS et	20	Total	assets (Part X, line 16)		7,254,22	22	10,131,395
Ä B	21		liabilities (Part X, line 26)		2,911,44		5,216,346
žË	22		ssets or fund balances Subtract line 21 from line 20		4,342,78		4,915,049
Pa	rt II	Sigr	nature Block			•	
my k	nowle	edge and	perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete Declaration of preparer (other than nowledge				
		****		20	014-01-17		
Sigr		Sign	ature of officer		ate		
Her			COHEN EXECUTIVE DIRECTOR				
			e or print name and title				
			Print/Type preparer's name Preparer's signature Date	I CIIC	CKI II I	PTIN P0044170	02
Paid			Firm's name   LEONE MCDONNELL & ROBERTS PA		n's EIN 🟲 02-		
Pre	-		Time and dropp to F NELCON CEDEST		no no (600)	740 270	
Use	Or	ıly  ˈ	Firm's address ► 5 NELSON STREET	Pno	ne no (603)	149-2/0	J
			DOVER, NH 03820				

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

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

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

 $\hbox{Did the organization cease conducting, or make significant changes in how it conducts, any program \\$ ┌ Yes ┌ No If "Yes," describe these changes on Schedule O

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

) (Expenses \$ 3,740,029 including grants of \$ ) (Revenue \$

CVCAC HEAD START AND EARLY HEAD START PROGRAMS, THE COUNCIL'S COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT 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 PROVIDING 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 FEDERAL SEQUESTRATION RESULTED IN A BUDGET CUT OF APPROXIMATELY \$200,000 BETWEEN THE EARLY HEAD START AND HEAD START PROGRAMS FORCING THE LOSS OF SERVICES TO 43 EARLY HEAD START ELIGIBLE CHILDREN AND THEIR FAMILIES STAFF FURLOUGHS, COMBING OF OUTREACH OFFICES, AND CLOSURE OF HOME VISITING SERVICES FOR THE SUMMER WERE STRATEGIES USED TO BRIDGE GAPS IN FUNDING 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 426 CHILDREN PARTICIPATED IN HEAD START AND EARLY HEAD START PROGRAMS THAT BENEFITTED 1,474 ADDITIONAL FAMILY MEMBERS 16 TEEN PARENTS PARTICIPATED IN OUR FAMILY LITERACY PROGRAMS

3,847,708 including grants of \$ ) (Expenses \$ 2,241,914 ) (Revenue \$ 4b (Code

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 AGENCY'S TAX RESOLUTION PROGRAM, 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 2013 FCSS CONTINUED TO PROVIDE DISASTER CASE MANAGEMENT SERVICES THIS YEAR 5,019 HOUSEHOLDS WITH 11,542 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 1,591 HOUSEHOLDS USED OUR FUEL AND UTILITY PROGRAMS TO KEEP HEATING THEIR HOMES AND MAINTAINING ELECTRICITY 23 HOUSEHOLDS USED OUR LOW INCOME TAXPAYER CLINIC TO RESOLVE IRS CONTROVERSIES AND LEARN MORE ABOUT THEIR RIGHTS AND RESPONSIBILITIES AS TAXPAYERS THE GREAT RECESSION'S LINGERING IMPACT ON CENTRAL VERMONT HAS BEEN FELT MOST ACCUTELY IN AREAS OF FOOD AND HOUSING WITH STAFF REPORTING MORE COMPLEX HOUSING ISSUES AMONG PARTICIPANTS AND INCREASED FOOD SHELF VISITS IN RESPONSE TO THIS TREND, CVCAC'S FAMILY COMMUNITY SUPPORT SERVICES EXPANDED ITS HOUSING ASSISTANCE PROGRAMS TO MEET THIS GROWING DEMAND BY SECURING ADDITIONAL STATE AND FEDERAL FUNDING THROUGH GRANTS AND CONTRACTS UNDER SUB CONTRACT WITH THE UNIVERSITY OF VERMONT, THE AGENCY HIRED A (VETS) FAMILY DEVELOPMENT HOUSING COUNSELOR TO FOCUS SPECIFICALLY ON THE HOUSING NEEDS OF SERVICE MEN AND WOMEN THE AGENCY WAS FORTUNATE TO FIND AN EXPERIENCED COUNSELOR WITH A MILITARY BACKGROUND WITH ADDITIONAL FUNDING FROM THE VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES AND THE VERMONT DEPARTMENT OF CORRECTIONS, THE AGENCY WAS ABLE TO ADD THREE MORE HOUSING-RELATED POSITIONS 1,756 FAMILIES ACCESSED HELP TO FIND AND KEEP SAFE SECURE HOUSING THROUGH OUR HOUSING COUNSELING PROGRAMS TWO SERVICE COORDINATOR POSÍTIONS WERE DEVELOPED TO FOCUS ON THE NEEDS OF FORMERLY INCARCERATED VERMONTERS THE WASHINGTON COUNTY POSITION PRIMARILY SERVES WOMEN, AND THE LAMOILLE COUTY POSITION PRIMARILY SERVES MEN WITH STATE EMERGENCY SHELTER AND COMMUNITY SERVICE FUNDS THE AGENCY WAS ABLE TO ADD AN ADDITIONAL HOUSING COUNSELOR GENERALIST POSITION 34 FAMILIES USED OUR CHILDREN'S HOUR SUPERVISED VISITATION AND EXCHANGE SERVICES TO ALLOW NONCUSTODIAL PARENTS OPPORTUNITIES TO VISIT THEIR CHILDREN IN RESPONSE TO TROPICAL STORM IRENE, CVCAC SECURED A \$2 4 MILLION GRANT, IN THE PRIOR YEAR, 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 TWO YEARS 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 ADVOCATÉ, SOMEONE IN THEIR CORNER TO HELP THEM NAVIGATE RED TAPE, SOMEONE TO GIVE THEM HOPE CVCAC STAFF AND PARTNERS MADE A DIFFERENCE FOR 41 ADDITIONAL FAMILIES

) (Expenses \$ 3,353,855 including grants of \$ 1,364,797 ) (Revenue \$ 547,750)

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 241 HOUSING UNITS WERE WEATHERIZED BENEFITTING 381 INDIVIDUALS

3,348,785 including grants of \$ 1,075,318 ) (Revenue \$ ) (Expenses \$

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. THÍS GROUP OF FUNDS HOLDS THE PROPERTY, PLANT AND EQUIPMENT ÙSED TO PROVIDÉ THESE HOUSING UNITS 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 166 ENTREPRENEURS RECEIVED COUNSELING AND TECHNICAL ASSISTANCE ON STARTING OR EXPANDING A BUSINESS THROUGH THE MICRO BUSINESS DEVELOPMENT PROGRAM 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 248 PEOPLE ATTENDED FINANCIAL LITERACY WORKSHOPS OR RECEIVED ONE-TO-ONE FINANCIAL COUNSELING 72 CENTRAL VERMONTER'S SAVED TOWARDS AN ASSET THAT WILL PROVIDE LONG-TERM ECONOMIC SECURITY - A FIRST-TIME HOME, EDUCATION, OR BUSINESS THIS YEAR CVCAC PARTNERED WITH THE UNIVERSITY OF VERMONT EXTENSION TO RUN AN IDA PROGRAM FOR YOUTH SEEKING TO PURSUE CAREERS IN LOCAL AGRICULTURE 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 249 WOMEN STATEWIDE RECEIVED TRAINING, COUNSELING AND TECHNÍCAL ASSISTANCE FROM THE VERMONT WOMEN'S BUSINESS CENTER TO PURSUE DREAMS OF BUSINESS OWNERSHIP CYCAC'S CHILD CARE FOOD PROGRAM WORKED WITH 183 CHILD CARE PROVIDERS WHO PROVIDED HEALTHY, NUTRITIOUS MEALS AND SNACKS TO THE 1,819 CHILDREN IN THEIR CARE CYCAC HELPS APPROVED PROVIDERS ACCESS CCFP MEAL AND SNACK REIMBURSEMENTS THROUGH THE U.S. DEPARTMENT OF AGRICULTURE. IN 2013, THE AGENCY'S TAX PREPARATION PROGRAM WAS TRANSFERRED FROM THE FCSS PROGRAM TO THE COMMUNITY ECONOMIC DEVELOPMENT PROGRAM. 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, CREDITS AND REBATES 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 329 VERMONTERS FOUND AND MAINTAINED RELIABLE TRANSPORTATION WITH SUPPORT FROM THE VERMONT CAR COACH PROGRAM SUCCESSFUL COMPLETION OF A US DOL-ETA FUNDED VERMONT GREEN GRANT SOLIDIFIED THE AGENCY'S REPUTATION OF SUCCESSFULLY IMPLEMENTING AND MANAGING COMPLEX MULTI-YEAR FEDERAL JOB TRAINING-RELATED GRANTS THE WORKFORCE DEVELOPMENT PROGRAM ENTERED INTO A CONSULTING CONTRACT WITH VERMONT TECHNICAL COLLEGE (VTC) TO ADVISE ON COMPLIANCE ISSUES, PROGRAM IMPLEMENTATION, POLICY DEVELOPMENT, SYSTEMS DEVELOPMENT, LIAISON WITH THE REGIONAL OFFICE, AND REPORTING ON THEIR \$3+ MILLION US DOL TAACCCT GRANT TO DEVELOP THE INSTITUTE FOR FOOD SYSTEMS AND SUSTAINABLE AGRICULTURE THE RELATIONSHIP IS PROGRESSING WELL THUS FAR, AND DISCUSSIONS HAVE BEGUN TO PUT A NEW CONTRACT IN PLACE FOR 2014 WITH FUNDING FROM THE STATE OF VERMONT, WORKFORCE DEVELOPMENT ADMINISTERED THE REGIONAL WORKFORCE PARTNERSHIP THE FINAL ACTIVITY/DELIVERABLE OF THIS YEAR'S PROGRAM, THE CENTRAL VERMONT BUSINESS SURVEY, (CONDUCTED BY CVCAC'S PARTNER, THE CENTRAL VERMONT ECONOMIC DEVELOPMENT CORPORATION) WILL BE COMPLETED IN PROGRAM YEAR 2014 WHILE A NEW GRANT IS CURRENTLY NOT IN PLACE, WORD FROM THE VERMONT DEPARTMENT OF LABOR IS THAT FUNDINGS FOR PROGRAM YEAR 2014 IS AVAILABLE AND A COMPETITION WILL BE ANNOUNCED SOON THE LAST TRAINING IN PARTNERSHIP FOR SUCCESS (TIPS) PROGRAM YEAR ENDED ON OCTOBER 31ST AND, WHILE THE NEW GRANT HAS NOT YET LANDED, CVCAC HAS BEEN INFORMED IT IS ON THE WAY DESPITE STRONG OUTCOMES STATEWIDE AND DUE LARGELY TO BUDGET CONSTRAINTS, TIPS TOOK A 27% FUNDING CUT FOR THE YEAR AHEAD WHILE THIS IS OBVIOUSLY A SETBACK THE AGENCY INTENDS TO MAINTIN A 20+ HOURS/WEEK COORDINATOR, WITH SUPPLIEMENTAL FUNDING LINED UP BY SERVING FOLKS ELIGIBLE FOR HIGH SCHOOL COMPLETION FUNDING THROUGH THE VERMONT DEPARTMENT OF EDUCATION 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 )

> 1.075.318 ) (Revenue \$ 3,348,785 including grants of \$ 478,882) (Expenses \$

4e 14,290,377 Total program service expenses >

art IV	Check	dist 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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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 for escrow or custodial account liability, 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  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
С	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 $\chi^{\bullet}$	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 and XII	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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	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? <i>If</i> "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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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		
С	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	ı		
_		28a		No
В	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 direct or indirect 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		Νo
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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes' to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> 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 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

ŒΠ	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   421		1 05	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
3	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)?	4a		No
)	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			
			i	
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
•	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
а	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 as charitable contributions?	6a		Νo
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch		
	were not tax deductible?	6b		
	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		Νo
,	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
I	If "Yes," indicate the number of Forms 8282 filed during the year	.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
•	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
ı	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
	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?			110
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	_		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
				110
	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?	10a 10b	100	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115 a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115 a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115 a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participatine in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

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

interest policy, and financial statements available to the public during the tax year

►SHARON BERNARD 20 GABLE PLACE BARRE, VT (802)479-1053

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

#### 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 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 organization compensated any current officer, director, or trustee

(1) HAL COHEN 45 00	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h ar or/tr	c x, office Highest compensated	ess er	(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
EXECUTIVE DIRECTOR	(1) HAL COHEN	45 00	х						123,926	0	3,519
Name									,		<u> </u>
RESIDENT	(2) MICHAEL SHERMAN	1 00	,		Ţ						
3   EILEEN BRADLEY	PRESIDENT		^		^					U	0
TREASURER		1 00									
(4) SANDRA LOVEJOY  PARTICIPANT SECTOR REPRESE (5) CAROL ONEILL  1 00	TDEASI IDED		X		Х				0	0	0
PARTICIPANT SECTOR REPRESE		1 00									
SCAROL O'NEILL		100	х						0	0	0
RIVATE SECTOR REPRESENTAT											
PRIVATE SECTOR REPRESENTAT    1 00	(5) CAROL O'NEILL	1 00	l <sub>x</sub>						0	0	0
X											
SECRETARY	(6) RUBIN BENNETT	1 00								0	0
Note	SECRETARY		^		^				U	U	U
PUBLIC SECTOR REPRESENTATI	(7) DEB MARKOWITZ	1 00									
(8) LORI BELDING	DUBLIC SECTOD DEDDESENTATI		Х						0	0	0
VICE PRESIDENT		1.00									
(9) ADAM ROSEN  PRIVATE SECTOR REPRESENTAT  (10) BOBBISUE CHAMPNEY  PARTICIPANT SECTOR REPRESE  (11) MICHELE PACKARD  PARTICIPANT SECTOR REPRESE  (12) JAY ISAKSON  PARTICIPANT SECTOR REPRESE  (13) FAITH RYAN  PARTICIPANT SECTOR ALTERNA  (14) HEATHER PAYE  PARTICIPANT SECTOR ALTERNA  (15) KAREN DYER  1 00  X  0  0  0  0  0  0  0  0  0  0  0	` '	100	х		х				0	0	0
Name						_					
PRIVATE SECTOR REPRESENTAT	(9) ADAM ROSEN	1 00	l <sub>x</sub>						0	0	0
PARTICIPANT SECTOR REPRESE										_	
PARTICIPANT SECTOR REPRESE (11) MICHELE PACKARD  PARTICIPANT SECTOR REPRESE (12) JAY ISAKSON  PARTICIPANT SECTOR REPRESE (13) FAITH RYAN  PARTICIPANT SECTOR ALTERNA (14) HEATHER PAYE  PARTICIPANT SECTOR ALTERNA (15) KAREN DYER  1 00  X  0  0  0  0  0  0  0  0  0  0  0	(10) BOBBISUE CHAMPNEY	1 00	,							0	0
PARTICIPANT SECTOR REPRESE	PARTICIPANT SECTOR REPRESE		^						U	U	0
PARTICIPANT SECTOR REPRESE	(11) MICHELE PACKARD	1 00									
1 00	DADTICIDANT SECTOD DEDDESE		Х						0	0	0
PARTICIPANT SECTOR REPRESE		1.00									
Columbia	, ,		х						0	0	0
PARTICIPANT SECTOR ALTERNA		1.55									
PARTICIPANT SECTOR ALTERNA  (14) HEATHER PAYE  PARTICIPANT SECTOR ALTERNA  (15) KAREN DYER  1 00  X  0 0  0  0  0  0  0  0  0  0  0  0  0	(13) FALIH KYAN	1 00	x						0	0	0
PARTICIPANT SECTOR ALTERNA  (15) KAREN DYER  1 00  X  0 0  0  0 0  0 0  0 0  0 0  0										_	
PARTICIPANT SECTOR ALTERNA  (15) KAREN DYER  1 00  X  0 0	(14) HEATHER PAYE	1 00							٨		0
	PARTICIPANT SECTOR ALTERNA		^						ı Ü	U	
	(15) KAREN DYER	1 00									
	PARTICIPANT SECTOR ALTERNA		X						0	0	0
	TARTION AND SECTOR ALLERMA	†									
F 000 /004											Form <b>990</b> (2012)

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

		T									Т			
	(A) Name and Title A vera hours week ( any ho		more t perso	han on is	one l both	box, an c r/trus	heck unless officer stee)		(D) (E) Reportable Reportable compensation from the organization (W-2/1099-MISC) 2/1099-MISC			/-   ·	(F) Estima mount of compens from t	ted other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-				rganizati relate organiza	ed l
												+		
												+		
1b	Sub-Total		<u> </u>	٠.	<u>.                                    </u>	<del></del>						+		
c	Total from continuation sheet	s to Part VII, S	ection A	١.				►						
d	Total (add lines 1b and 1c) .							•		123,926		0		3,519
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho received	d more th	an			
													Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> "Yes," complete 5						emplo	yee, •	or highest	compen	sated employee	3		No
4	For any individual listed on line organization and related organ													
5	Individual	a receive or ac-	rue cor	nner	• • = +:	• on fr	nm ar	• / !!¤=	elated ora	• •	or individual for	4		No
,	services rendered to the organ									• • •		5		No
Se	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
		(A) lame and business	-								(B) cription of services		(C)	
	.,	and business								200		_	compen	
												$-\mathbb{F}$		

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  $\blacktriangleright 0$ 

Part V	4 1 1	Statement o Check if Schedu	<b>f Revenue</b> ule O contains a respon	nse to any question i	ın thıs Part VIII   .			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(0	1a	Federated camp	paigns 1a	45,642				311
Giffs, Grants ilar Amounts	ь	Membership du	es 1 <b>b</b>					
Gra not	С	•	ents <b>1c</b>					
ts, r Ai	d		ations 1d					
Gif				12.012.202				
ons, Giffe Similar	е	Government grants		13,912,282	ļ			
ıtio er !	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	1,306,446				
tributio Other	g		ons included in lines		j	į		
Contributions, and Other Sim	h	1a-1f \$  Total. Add lines	s 1a-1f		15,264,370			
C	•	Total / (dd illies			, ,			
E E	2a	WEATHERIZATION		Business Code 230000	547,750	99,759	447,991	
ever	b	HOUSING RENTALS	<u> </u>	624200	84,385	84,385	447,991	
ው ሚ	c		OMIC DEVELOPMENT	624200	7,089	7,089		
rvic	d			024200	7,003	7,005		
<u>~</u>	e							
Program Serwce Revenue	f	All other progra	ım service revenue		222,957	222,957		
_ <u>~</u>	g	Total. Add lines	32a-2f		862,181			
	3		ome (including dividend ar amounts)		9,897			9,897
	4		tment of tax-exempt bond p	F				
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	D	expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
	, a	from sales of assets other than inventory	60,585	550,000				
	ь	Less cost or other basis and	24,636	262,314				
		sales expenses	·					
	d	Gain or (loss)	35,949 s)	287,686	323,635	287,686		35,949
	и 8а	Gross income fi	Ī		323,033	207,000		33,313
e		events (not inc						
Other Revenue		\$of contributions See Part IV, lin	reported on line 1c)					
ř.		,	a					
ìth	ь		penses <b>b</b>					
J	C		loss) from fundraising (	events 🛌				
	9a	See Part IV, lin	rom gaming activities e 19					
	b c		penses <b>b</b> loss) from gaming activ	vities				
		Gross sales of returns and allo	inventory, less					
	ь	Less cost of go	а					
			loss) from sales of inve	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	С							
	d		ue					
	е	Total. Add lines						
	12	Total revenue.	See Instructions		16,460,083	701,876	447,991	45,846
	-							Form <b>990</b> (2012)

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al				
	Check if Schedule O contains a response to any question in this Pa	art IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	4,682,029	4,682,029		
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	134,735	114,021	19,953	761
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	6,073,449	5,142,232	897,180	34,037
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,625	53,641	9,604	380
9	Other employee benefits	1,456,446	1,227,910	219,850	8,686
10	Payroll taxes	477,243	402,357	72,040	2,846
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,815	2,815		
С	Accounting	102,151	301	101,850	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
 13	Office expenses	198,700	125,744	71,653	1,303
 14	Information technology	130,700	123,711	,1,000	1,303
15	Royalties				
16	Occupancy	914,335	811,054	102,405	876
17	Travel	345,933	331,118	14,082	733
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	343,933	331,116	14,082	733
19	Conferences, conventions, and meetings	32,537	28,409	4,128	
20	Interest	36,384	36,384		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	122,535	121,023	1,512	
23	Insurance	·			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DISASTER CASE MGMT PASS	490,160	490,160		
b	CONTRACTUAL	436,082	434,918		1,164
С	OTHER	284,694	265,998	18,351	345
d	DUES AND SUBSCRIPTIONS	33,962	20,263	13,699	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,887,815	14,290,377	1,546,307	51,131
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				<u> </u>

Form 990 (2012)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	18,141	1	24,918
	2	Savings and temporary cash investments	2,174,938	2	1,668,064
	3	Pledges and grants receivable, net	1,195,454	3	1,199,159
	4	Accounts receivable, net	525,006	4	575,870
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
ß	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Assets	_			6	
Å ∣	7	Notes and loans receivable, net	107.711	7	400.040
	8	Inventories for sale or use	137,714		122,213
	9 10a	Prepaid expenses and deferred charges	107,365	9	130,205
	ь	Less accumulated depreciation		10c	6,240,480
	11	Investments—publicly traded securities	19,859	11	100
	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	562,380	15	170,386
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,254,222	16	10,131,395
	17	Accounts payable and accrued expenses	1,308,023	17	1,542,488
	18	Grants payable		18	_
	19	Deferred revenue	739,503	19	858,750
	20	Tax-exempt bond liabilities		20	
۰	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
- R		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	595,437	23	2,589,320
	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	222 :=2		005 705
		D	268,478	25	225,788
	26	Total liabilities. Add lines 17 through 25	2,911,441	26	5,216,346
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	2,938,891	27	3,966,300
<u> </u>	28	Temporarily restricted net assets	1,403,890	28	948,749
2	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	4,342,781	33	4,915,049
	34	Total liabilities and net assets/fund balances	7,254,222	34	10,131,395

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16.4	160,083
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2		15,0	887,815
•	Revenue less expenses subtrace line 2 from line 1	3		5	72,268
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4.3	342,781
5	Net unrealized gains (losses) on investments			- 7-	
	<u> </u>	5			
6	Donated services and use of facilities	6			
7	Investment expenses	_			
8	Prior period adjustments	7			
0		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,9	15,049
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	✓ Separate basis       Consolidated basis       Both consolidated and separate basis				1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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 re	quired	3b	Yes	

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following persons?

h

As Filed Data -

DLN: 93493017006194

OMB No 1545-0047

### **Public Charity Status and Public Support**

SCHEDULE A (Form 990 or 990EZ)

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.

2012

2012

Open to Public

Inspection

Name of the organization Employer identification number CENTRAL VERMONT COMMUNITY ACTION COUNCIL 03-0216254 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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 ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	(iv) Is the organization in col (i) listed in your governing document?		i notify zation if your t?	(vi) Is to organizate col (i) organizate col (i) organizate col (ii) organizate col (iii) organizate col (iiii) organizate col (iiii) organizate col (iiii) organizate col (iiiii) organizate col (iiiiiiii) organizate col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ion in anized	(vii) A mount of monetary support
		instructions))	Yes	Yes No		No	Yes	No	
Total									

(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?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) A family member of a person described in (i) above?

Yes

11g(i)

11g(ii)

11g(iii)

No

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 12,160,561 14,741,029 18,249,126 20,122,870 15,264,370 80,537,956 not include any "unusual grants ") 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 12,160,561 14,741,029 18,249,126 20,122,870 15,264,370 80,537,956 Total. Add lines 1 through 3 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) Public support. Subtract line 5 80,537,956 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2010 (e) 2012 (f) Total (a) 2008 **(b)** 2009 (d) 2011 beginning in) 🟲 12,160,561 18,249,126 20,122,870 15,264,370 Amounts from line 4 14,741,029 80,537,956 Gross income from interest, dividends, payments received on 5,125 securities loans, rents, royalties 24,124 27,627 8,837 9,897 75,610 and income from similar sources Net income from unrelated business activities, whether or 84,106 84,106 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 308,325 66,144 374,469 capital assets (Explain in Part IV) 11 Total support (Add lines 7 81,072,141 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 340 % Public support percentage for 2011 Schedule A, Part II, line 14 15 98 920 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. 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 17a 10%-facts-and-circumstances test - 2012. 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 - 2011. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493017006194

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

tema	r Revenue Service F Attach to For	rm 990. F See separate instructions.		Inspection	
	me of the organization NTRAL VERMONT COMMUNITY ACTION COUNCIL			oloyer identification number	
Pa	organizations Maintaining Donor Adorganization answered "Yes" to Form 990			0216254 <b>or Accounts.</b> Complete If	the
	organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and other accounts	
	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
ŀ	Aggregate value at end of year				
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	rsed <b>Yes</b>	No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			r purpose	No
Pai	rt III Conservation Easements. Complete if	f the organization answered "Yes" t	to Forn	n 990, Part IV, line 7.	
L <u>2</u>	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	n or education)	certifie	ically important land area d historic structure n of a conservation	
	easement on the last day of the tax year				
а	Total number of conservation easements		2a	Held at the End of the Yea	11
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c		
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	• •	2d		
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organization during	
	the tax year 🛌				
ı	Number of states where property subject to conservat	rion easement is located 🕨			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?				No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments o	during the year	
,	A mount of expenses incurred in monitoring, inspecting	a and enforcing conservation easement	s durin	a the year	
,	► \$	g, and emoreing conservation casement	o dariir	g the year	
3	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17		No
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia			
ar	t IIII Organizations Maintaining Collection Complete if the organization answered "Y	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.	
la.	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnotes	ets held for public exhibition, education,	or rese	arch in furtherance of public	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	ent and balance sheet	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS				
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$	
b	Assets included in Form 990, Part X			<u></u>	=

i cir	Organizations Maintaining Co	nections of Ar	t, mis	SLOFI	<u>cai i</u>	reasu	ies, oi o	uie	i Sillillai A	<b>55615</b> (0	ontinuea)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the foll	owing that a	are a	sıgnıfıcant us	e of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progi	ams			
b	Scholarly research		e	$\vdash$	Othe	er .					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	aın ho	w the	v furth	er the c	rganization	's ex	cempt purpose	ın	
	Part XIII	meetions and expi	u 111 110	** (110	, idicii		, rgamzacion		compt purpose		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	┌ Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•				or other ass	ets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing t	able		_				
									А	mount	
C	Beginning balance							<b>1</b> c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							<b>1</b> f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	>						┌ Yes	┌ No
ь	If "Yes," explain the arrangement in Part XII										Г
Pa	rt V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year	(D	)Prior	year	D (C)	wo years back	(a)	Three years back	(e)Four	rears back
ь	Contributions							+			
c	Net investment earnings, gains, and losses										
d	Grants or scholarships							+			
e	Other expenditures for facilities										
f	and programs							+			
_	End of year balance							+			
g	·							<u> </u>			
2	Provide the estimated percentage of the curr	ent year end balar	ice (IIr	ne 1g	, colur	nn (a)) i	neid as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are he	ld and a	dmınıstere	d for	the	Yes	No
	(i) unrelated organizations									(i)	<u> </u>
	(ii) related organizations							•	<u></u>	(ii)	<del>                                     </del>
	If "Yes" to 3a(II), are the related organization					· · ·		٠	[ 3	Bb	
4	Describe in Part XIII the intended uses of th					10					
26	Tt VI Land, Buildings, and Equipme  Description of property	e <b>nt.</b> See Form 9	90, Pa	_		r other	(b)Cost or o	ther	(c) Accumulate	ed <b>(d)</b> B	ook value
	Description of property					stment)	basis (othe		depreciation		ook value
1a	Land						209	,818			209,818
b	Buildings						6,516	,995	716,9	95	5,800,000
c	Leasehold improvements						59	,755	43,4	104	16,351
d	Equipment						411	,026	196,7	15	214,311
e	Other										
	II. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (	B), line	10(c).)					6,240,480

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. S	See Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>*</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part		
1 Other Liabilities. See Form 990, Par 1 (a) Description of liability	t X, line 25.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes	t X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  SECURITY DEPOSIT	t X, line 25. (b) Book value 3,772	<b>.</b>
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes	t X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  SECURITY DEPOSIT	t X, line 25. (b) Book value 3,772	
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Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  SECURITY DEPOSIT	t X, line 25. (b) Book value 3,772	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes  SECURITY DEPOSIT  TANGIBLE ASSET DEFERRED REVENUE	t X, line 25.  (b) Book value  3,772 222,016	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  SECURITY DEPOSIT	t X, line 25. (b) Book value 3,772	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	16,172,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	16,172,397
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	287,686
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	16,460,083
Pari	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	15,887,815
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)..............2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	C
3	Subtract line <b>2e</b> from line <b>1</b>	3	15,887,815
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)..............4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	15,887,815

#### Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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		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 (2009 THROUGH 2012), FOR THE PURPOSES OF IMPLEMENTATION, AND HAS CONCLUDED THAT NO ADDITIONAL PROVISION FOR INCOME TAXES IS NECESSARY IN THE COUNCIL'S FINANCIAL STATEMENTS
PART XI, LINE 4B - OTHER ADJUSTMENTS		GAIN ON DISPOSAL OF PROPERTY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**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

DLN: 93493017006194

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identificati	on number
CENTRAL VERMONT COMMUNITY /	ACTION COUNCIL					03-0216254	
Part I General Information	n on Grants and	d Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	vard the grants or as	sıstance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
2 Enter total number of section 50 3 Enter total number of other orga	anızatıons lısted ın th	ne line 1 table				<u> ► _</u>	do I /Form 000\ 2012

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assı	ıstance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount cash gran		(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FOOD FOR CHILDREN IN HOME	N DAYCARE	1819	88	82,949			
(2) EMERGENCY SERVICES INDIVIDUALS	FOR	11542	1,2	78,403			
(3) WEATHERIZATION AND HEATING SYSTEM REPLACE REPAIRS FOR HOUSEHOLD:	EMENTSAND	381	1,30	64,797			
(4) CAR COACH		329		1,534			
(5) ASSETS FOR INDEPENC FOR SAVERS	Е МАТСН	72	1	46,224			
(6) FLOOD RELIEF FOR BUS	INESS	40	1,00	08,122			
Part IV Supplement							
Complete this part to provide th	he information re	equired in Part I, li	ne 2, Part III, column	(b), and a	any other additional inf	ormation	
Identifier Re	eturn Reference		Explanation				

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

Schedule I (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493017006194

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization CENTRAL VERMONT COMMUNITY ACTION COUNCIL	Employer identific	cation number
	03-0216254	

Identifier	Return Reference	Explanation
	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