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DLN: 93493271007235

# 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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A FOI	i the 2	2014 Cai	endar year, or tax year beginning		5	_		
		pplicable	C Name of organization CHILD & ADOLESCENT PSYCHOLOGY			D Employ	yer ider	ntification number
☐ Add	ress ch	ange				03-02	29064	1
☐ Nan	ne char	nge	Doing business as					
Initi	ıal retur	rn				E Telepho	ne num	ber
Fina		nınated	Number and street (or P O box if ma 2 COLCHESTER AVE	il is not delivered to street address) Room/su	ite			
☐ Ame			City or town, state or province, count BURLINGTON, VT 054051764	ry, and ZIP or foreign postal code		<b>G</b> Gross re	eceipts \$	i 48,777
<b>J</b> App	lication	pending						
			<b>F</b> Name and address of princ	cipal officer		s this a group	return	
					s	ubordinates?		┌ Yes ┌ No
					<b>H(b)</b> A	re all subordu	nates	┌ Yes ┌ No
						ncluded?		
I lax	k-exem	pt status	▼ 501(c)(3)	sert no ) 4947(a)(1) or 527	I.	f "No," attach	a list	(see instructions)
J W	ebsite	e: 🟲			H(c) (	Group exempti	on nun	mber 🟲
<b>K</b> Form	n of org	ganızatıon	Corporation Trust Association	Other ►	<b>L</b> Year	of formation 198	86 <b>M</b>	State of legal domicile VT
	rt I		mary					-
	<b>1</b> E	Briefly d	escribe the organization's mission	n or most significant activities				
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ا بر	_	JF CHII	D AND ADOLESCENT PSYCHO	LOGY				
ĕ	_							
E	-							
Governance	2 (	Check th	is box দ if the organization dis	continued its operations or disposed o	of more th	an 25% of its	net as	sets
	3 1	Number	of voting members of the governing	ng body (Part VI, line 1a)			З	l 4
Activities &				f the governing body (Part VI, line 1b)			4	4
1				alendar year 2014 (Part V, line 2a)			5	0
ACT				cessary)			6	
-				rt VIII, column (C), line 12			7a	0
				om Form 990-T, line 34			7b	0
						Prior Year	<u> </u>	Current Year
	8	Contri	butions and grants (Part VIII, lin	e 1 h)				0
Revenue	9	Progra	m service revenue (Part VIII, lin	e 2g)				0
<u> </u>								
- 75 H	10	Invest	ment income (Part VIII, column	(A), lines 3, 4, and 7d)				48,777
æ	10 11	Other	revenue (Part VIII, column (A), l	ines 5, 6d, 8c, 9c, 10c, and 11e)				·
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**Use Only** 

Firm's address ► 79 New England Avenue

Colchester, VT 05446

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no (802) 862-8477

✓ Yes ☐ No

4e Total program service expenses ►

18,348

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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 "Yes," complete Schedule C, Part II</i>	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		N o
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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? 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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J.</i>	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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? <i>If "Yes," complete Schedule L, Part III </i>	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		1	
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	) DD		
C	The rest, to line 3a of 3b, did the organization me rollin 8886-17	5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
٠	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			l
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			140
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI														<u>.</u> [~
---	--	--	--	--	--	--	--	--	--	--	--	--	--	-------------

Se	ction 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
	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		Νo
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	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		1		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶VT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►KELLY ALLEN
  - 2 COLCHESTER AVE

# 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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers	than on is	one bot	not box h ar	checl c, unle n office	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Former Highest compensated employee Key employee			(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) THEODORE LANE DIRECTOR	10 00	х						0	0	0
(2) HAROLD LEITENBERG DIRECTOR	10 00	х						0	0	0
(3) KAREN FONDACARO DIRECTOR	10 00 0 00	х						0	0	0
(4) ANNIE MURRAY-CLOSE DIRECTOR	10 00 0 00	х						0	0	0

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	C) 2/1099-MISC) organiza	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	۲			
d	Total (add lines 1b and 1c)	۳	0	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

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

Section B. Inde	ependent	Contractors

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

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

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

Part V		Check if Schedule O contains a response or note to	any lu	ne in this Part VIII			
			,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 £	1a	Federated campaigns 1a					
ant	b	Membership dues 1b					
<u>Б</u> Щ	С	Fundraising events 1c					
ifts, ar A	d	Related organizations 1d					
niigi nii	е	Government grants (contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above					
bu the	a	Noncash contributions included in lines					
ntri d O	9	1a-1f \$					
CO an	h	Total. Add lines 1a-1f	▶-				
æ		Business C	ode				
enn	2a						
Pev	b						
Ce	С						
er v	d						
Program Serwde Revenue	e						
gra	f	All other program service revenue					
<u>&amp;</u>	g	Total. Add lines 2a – 2f	<b>,</b>				
	3	Investment income (including dividends, interest,	-				
		and other similar amounts)	<b>.</b>	48,777	48,777		
	4	Income from investment of tax-exempt bond proceeds	•				
	5	Royalties	<b>▶</b>				
	6a	(I) Real (II) Person Gross rents	aı				
	b	Less rental					
		expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)					
	<b>7</b> -	(i) Securities (ii) Other	r				
	7a	from sales of assets other					
		than inventory					
	b	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	_				
		Gross income from fundraising	•				
e n		events (not including					
Other Revenue		\$ of contributions reported on line 1c)					
Jev		See Part IV, line 18					
l le		a					
ţ	b	Less direct expenses b					
O	C	Net income or (loss) from fundraising events	<b>•</b>				
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	b	Less direct expenses b					]
		Net income or (loss) from gaming activities	•				
	10a	Gross sales of inventory, less returns and allowances .					
	E.	a L					
	Ь	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory					
	С	Miscellaneous Revenue Business Co					
	11a	THIS CHARLES OF THE PROPERTY O	oue				
	b						
	_						
	ر د	All other revenue					
	d e	Total. Add lines 11a-11d	<b>-</b>				
	12	Total revenue. See Instructions	►	48,777	48,777	0	0

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	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX T	 (B)	(C)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	18,348	18,348		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	800		800	
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	1,218		1,218	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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)				
a	21, 21, 21, 21, 21, 21, 21, 21, 21, 21,				
b					
c		1			
d					
	All other expenses	<u> </u>			
25	Total functional expenses. Add lines 1 through 24e	20,366	18,348	2,018	0
26	Joint costs. Complete this line only if the organization	20,300	10,340	2,018	
_0	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check				
	here ► ☐ If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)	<u> </u>	(B)
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	19,103	1	18,737
	2	Savings and temporary cash investments	40,959	2	20,961
ıts	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	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	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	200	9	200
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation		10c	
	11	Investments—publicly traded securities	663,217	11	693,520
	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		15	_
	16	Total assets. Add lines 1 through 15 (must equal line 34)	723,479	16	733,418
	17	Accounts payable and accrued expenses	120,110	17	100,110
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
Liabilit		persons Complete Part II of Schedule L		22	
ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
	_	D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ران دان		Organizations that follow SFAS 117 (ASC 958), check here ▶   and complete			
ĕ		lines 27 through 29, and lines 33 and 34.	702 470	27	722 440
<u>ದ</u>	27	Unrestricted net assets	723,479	27	733,418
<u>~</u>	28	Temporarily restricted net assets		28	
Fund Balance	29	Permanently restricted net assets		29	
or FL		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	
ĕ	33	Total net assets or fund balances	723,479	33	733,418
_	34	Total liabilities and net assets/fund balances	723,479	34	733,418

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B		-	

Page <b>12</b>	
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Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total	revenue (must equal Part VIII, column (A), line 12)	1			48,777
2	Total	expenses (must equal Part IX, column (A), line 25)	2			20,366
3	Revei	nue less expenses Subtract line 2 from line 1	3			28,411
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	23,479
5	Net u	nrealized gains (losses) on investments	5			-18,472
6	Dona	ed services and use of facilities	6			<u> </u>
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O )	9			0
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, in (B))	10		7	33,418
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				. $ abla$
					Yes	No
1	Ifthe	unting method used to prepare the Form 990				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		s,' check a box below to indicate whether the financial statements for the year were compiled or review arate basis, consolidated basis, or both	wed or	ו [		_
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b		Νo
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa, consolidated basis, or both	rate			
	Γs	eparate basis				
c	If "Ye audıt,	s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>		
		organization changed either its oversight process or selection process during the tax year, explain in Iule O	1			
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in the	9	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the red audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	Name of the organization CHILD & ADOLESCENT PSYCHOLOGY					Employer identification number			
CITED	a ADO	ALISCENT TSTCHOLOGI					03-0229064		
Pai	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organiza	tions must co	mplete this p	•	ons.	
The c	rganı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox )		
1	$\sqcap$	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	b)(1)(A)(i).		
2	$\Gamma$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )							
3	$\sqcap$	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>							
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	escribed in <b>se</b>	ction 170(b)(1)(A)(iii	). Enter the	
5	~	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unıt d	escribed in	
		section 170(b)(1)(A)	( <b>iv).</b> (Complete	e Part II)					
6	$\sqcap$	A federal, state, or loc	al government	t or governmental unit	described in <b>se</b>	ection 170(b)(	L)(A)(v).		
7	Γ	An organization that n described in <b>section 1</b>	•	· · · · · · · · · · · · · · · · · · ·		om a governme	ental unit or from the o	general public	
8	$\sqcap$	A community trust de		· · · · · · · · · · · · · · · · · · ·	•	tII)			
9	$\sqcap$	An organization that n	ormally receiv	es (1) more than 33	l/3% of its supp	ort from contri	butions, membership	fees, and gross	
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of	
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses	
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III)		
10	Γ	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See <b>sectio</b> i	n 509(a)(4).		
11	Γ	An organization organ							
		one or more publicly s							
а	$\vdash$	the box in lines 11a th <b>Type I.</b> A supporting of							
u	'	supported organization organization You mus	n(s) the power	to regularly appoint o	r elect a majori				
b	$\Gamma$	Type II. A supporting				with its suppo	rted organization(s), l	by having control or	
		management of the su			same persons t	hat control or r	manage the supported	organization(s) You	
	_	must complete Part I	•				1.6		
С	ı	Type III functionally is supported organization	_		•			grated with, its	
d	$\Box$	Type III non-function						anızatıon(s) that ıs	
	·	not functionally integr	ated The orga	inization generally mu	st satisfy a dist	rıbutıon requir			
	_	(see instructions) Yo	•	•	•				
е	ı	Check this box if the contegrated, or Type II.					salypel, lypell, l	ype III functionally	
f		Enter the number of si							
g		Provide the following i							
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) A mount of	
		organization		organization	listed in your		monetary support	other support (see	
				(described on lines 1-9 above or IRC	docume	int?	(see instructions)	ınstructions)	
				section (see					
				instructions))			-		
					Yes	No			

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,202 1,202 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,202 1,202 4 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 **Public support.** Subtract line 5 from 1,202 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1,202 1,202 Amounts from line 4 Gross income from interest, dividends, payments received on 5,174 6,460 7,725 7,205 7,624 34,188 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) 11 Total support Add lines 7 through 35,390 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 section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 3 400 % Public support percentage for 2013 Schedule A, Part II, line 14 15 4 000 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. 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 – 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. 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 VI 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) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493271007235

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	ime of the organization ILD & ADOLESCENT PSYCHOLOGY			I	Employer iden	tification number
СН	ILD & ADULESCENT PSYCHULUGY				03-0229064	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a s	ection 527	organization.
1	Provide a description of the org	ganization's direct and indirect politi	cal campaign act	tivities in Part	IV	
2	Political expenditures	<b>.</b>	\$			
3	V olunteer hours					
Dar	THE Complete if the or		costion FO1/	۵۱/۵۱		
1 1		ganization is exempt under e tax incurred by the organization un				
2		e tax incurred by organization manag				<b>*</b>
3		ection 4955 tax, did it file Form 472		11 4933	•	Yes No
4а	Was a correction made?	rection 4955 tax, and it me form 472	to for this year.			ΓYes ΓNo
b	If "Yes," describe in Part IV					, 163   NO
		ganization is exempt under	section 501(	c), except	section 50	1(c)(3).
1	•	ended by the filing organization for se	_			\$
2		organization's funds contributed to ot				\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 1	.7b <b>►</b>	¢
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?				⊤ Yes
5	organization made payments famount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro Iirectly delivered	om the filing o to a separate	rganızatıon's f political orga	unds Also enter the nization, such as a tion in Part IV
	(a) Name	( <b>b)</b> Address	(c) EIN	filing org	nt paid from anization's ine, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
For !	Panerwork Reduction Act Notice se	ee the instructions for Form 990 or 990	  -F7	Cat. No. 500945	Schodula C (	Form 000 or 000 F7) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	filed Form 5768 (election u	on is exempt under section 501(c)(3) and has I under section 501(h)).				
For e	each "Yes" response to lines 1a through 1: below, p	provide in Part IV a detailed description of the lobbying	(a	1)	(1	<b>)</b>
actıv	rity.		Yes	No	Amo	ount
1 a		empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
b c	Paid staff or management (include compensa Media advertisements?	tion in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the publi	c?				
e	Publications, or published or broadcast state	ments?				
f	Grants to other organizations for lobbying pur	poses?				
g	Direct contact with legislators, their staffs, g	overnment officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventio	ns, speeches, lectures, or any similar means?				
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organiza	tion to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred	d under section 4912				
C	If "Yes," enter the amount of any tax incurred	d by organization managers under section 4912				
d	If the filing organization incurred a section 49	912 tax, did it file Form 4720 for this year?				
Par		on is exempt under section 501(c)(4), section !	5 <b>01(</b> c)	)(5), o	r sect	ion
	501(c)(6).				Ye	es No
1	Were substantially all (90% or more) dues re	ceived nondeductible by members?		Г	1	.5 110
2	Did the organization make only in-house lobb	•		⊢	2	
3		ying and political expenditures from the prior year?			3	
Par		on is exempt under section 501(c)(4), section !	501(c	)(5), o	r sect	ion
	501(c)(6) and if either (a)	BOTH Part III-A, lines 1 and 2, are answered "				
_	line 3, is answered "Yes."		1 4 1			
1 2	Dues, assessments and similar amounts from	olitical expenditures (do not include amounts of political	1			
	expenses for which the section 527(f) tax w		2a			
a b	Current year Carryover from last year		2b			
c	Total		2c			
3		e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		c exceeds the amount on line 3, what portion of the excess				
•		ne reasonable estimate of nondeductible lobbying and				
	political expenditure next year?		4			
5	Taxable amount of lobbying and political expe	enditures (see instructions)	5			
Pa	art IV Supplemental Information					
	ovide the descriptions required for Part I-A , line see instructions), and Part II-B, line 1 Also, co	e 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Implete this part for any additional information	up list),	Part II	-A , lines	s 1 and
	Return Reference	Explanation				

1 490				
Part IV Supplemental Inf	ormation (continued)			
Return Reference	Explanation			
·	_			

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493271007235 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization CHILD & ADOLESCENT PSYCHOLOGY 03-0229064 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

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

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

Part III Grants and Other Assistance to Domestic Individuals. 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 assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ASSISTANCE FOR STUDENTS					

Part IV	Supplemental Inforn	<b>tion.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference

Explanation

Schedule I (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493271007235

OMB No 1545-0047

2014

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization CHILD & ADDLESCENT PSYCHOLOGY	Employer identification number
	03-0229064

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 governing body review Part VI line 11	THE GOVERNING BOARD REVIEWS THE TAX RETURNS AFTER FILING, BUT AT THE NEXT MEETING
Governing documents etc available to public Part VI line 19	TAX RECORDS ARE AVAILABLE UPON REQUEST TO ANY INTERESTED PARTY
Explanation of other changes in net assets or fund balances Part XI line 9	NET DECREASE IN MARKET VALUE

#### 990 Form

### **Return of Organization Exempt From Income Tax**

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2014 calend	ar year, or tax yea	ar beginning			07-01	, 2014, and e	nding		06-	30 , <b>20</b> 15		
В	Check if a	applicable	C Name of organization	on CHILD & A	ADOLESCENT	PSYCHOLOGY						Employer identification no		
	Address c	hange	Doing business as									03-0229064		
	Name cha	ange	Number and street (	(or PO box if ma	ıl ıs not delivered	to street address)			Room	/suite	E	Telephone number		
	Initial retu	eturn 2 COLCHESTER AVE										(802) 656-2661		
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code											48,777			
	Amended	return	BURLINGTON,								(	Gross receipts\$		
	Applicatio	n pending	F Name and address	of principal officer	Ī				ш,	a) la thia a se	rot.	urn for		
										a) Is this a gr subordinat	es?	Yes X No		
	Tax-exem	npt status 🛚 🗵	501(c)(3) 501(	(c) ( ) <b>4</b> (	(insert no )	4947(a)(1) or	527		H(I	b) Are all sub	ordinate	es included? Yes No n a list (see instructions)		
J	Website			F-1					H(		mption	number		
K	Form of o	rganization 🛚 🗵	Corporation  Trus	st	Other	•	L Ye	ar of formation 1	986	M State	of lega	domicile VT		
		Summar	у											
	1	Briefly descri	be the organization's	's mission or m	ost significan	t activities	ENCOURA	GING, SUPP	ORTIN	G AND CA	RRYII	NG OUT		
به		RESEARCH.□  CLINICAL TRAINING EDUCATION SERVICE IN THE AREA OF CHILD AND ADOLESCENT PSYCHOLOGY.												
Governance		CLINICAL	TRAINING EDUCA	ATION SERV	ICE IN THE	E AREA OF CH	ILD AND	ADOLESCEN'	r PSY	CHOLOGY.				
ern														
Š			ox 🕨 📙 if the orga		•	•	sed of mor	e than 25% of i	ts net a	ssets	i	I		
ಶ			oting members of the	•	• ,	•			• • •	• • • • •	3	4		
es	4		idependent voting m		0		,			• • • • •	4	4		
Activities &	5	Total number	r of individuals empl	loyed in calend	lar year 2014	(Part V, line 2a)				• • • • •	5	0		
Act	6	Total number	r of volunteers (estin	mate if necessa	ary)						6			
_	7a	Total unrelate	ed business revenue	e from Part VII	I, column (C),	, line 12					7a	0		
	b	Net unrelated	d business taxable ir	ncome from Fo	orm 990-T, lin	e 34					7b	0		
										Prior Year		Current Year		
٠.	8	Contributions	and grants (Part VI	'III, line 1h)								0		
Revenue	9	Program sen	vice revenue (Part V	/III, line 2g)								0		
š	10	Investment in	ncome (Part VIII, col	lumn (A), lines	3, 4, and 7d)							48,777		
ď	11	Other revenu	ıe (Part VIII, column	n (A), lines 5, 60	d, 8c, 9c, 10c	, and 11e)						0		
	12	Total revenue	e - add lines 8 throu	igh 11 (must eo	qual Part VIII,	column (A), line	12) <b>.</b>					48,777		
	13	Grants and s	similar amounts paid	l (Part IX, colur	mn (A), lines 1	1-3)						18,348		
	14	Benefits paid	I to or for members (	(Part IX, colum	n (A), line 4)							0		
Ś	15	Salaries, other	er compensation, en	mployee benef	īts (Part IX, co	olumn (A), lines 5	5-10)					0		
Expenses	16a	Professional	fundraising fees (Pa	art IX, column (	(A), line 11e)							0		
<u>be</u>	b	Total fundras	sing expenses (Part	t IX, column (D	), line 25)	<b>-</b>		0						
ш	17	Other expens	ses (Part IX, column	n (A), lines 11a	-11d, 11f-24e							1,988		
			ses Add lines 13-17			ın (A), line 25)						20,336		
		Revenue les	s expenses Subtra	act line 18 from	line 12 .							28,441		
Net Assets or	<u>8</u>							_	Beginn	ing of Curren	t Year	End of Year		
Set	20	Total assets	(Part X, line 16)		• • • • •					723	3,479	733,448		
Ä,	21	Total liabilitie	s (Part X, line 26)		• • • • •							0		
Žį	22		r fund balances Su	ıbtract line 21 f	rom line 20		• • • • •			723	3,479	733,448		
l locale			re Block	-1.46					Inches de la					
			lare that I have examined laration of preparer (othe						Knowied	ige and belief,	IL IS			
Sig	ın İ	<b>B</b> —	FOREHAND re of officer								Date			
											Date			
He	16		FOREHAND, PRES	TOENT OF D	TRECTORS									
		, <u> </u>		1			Da	to		<u></u>				
D-:	ام	1	eparer's name		arer's signature					Check X		PTIN		
Pai			J DURKEE CPA		IAM J DUR	KEE CPA	09	-21-2015	T	self-employe	ed	P00125587		
	parer		_	lıam J Dur					Firm's					
US	e Only	Firm's addres		New Englan					Phone			0.0455		
				.chester VT						80	12-86	2-8477 		
ıvıa∨	ine iks	cuiscuss this r	eturn with the prepa	arer snown abo	ove / (see inst	ructions) -						X Yes   No		

### Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
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 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
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		Χ
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		Χ
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		Χ
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		X
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		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<b>.</b> -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			3.7
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

### Checklist of Required Schedules (continued)

21 Dot the organization report more than \$5.000 of grants or other assistance to any domestic organization or domestic operament of Part IX, column (x), in pr. 21 "Fives," complete Schedule, I. Parts I and III 21 X 22 Dot the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (x), in pr. 21 "Fives," complete Schedule, I. Parts I and III 22 X 23 Dot the organization acreart and former officers, directors, rustees, key employees, and highest compensated enginyses? If "Yes," complete Schedule II. Parts I and III 24 Dot the organization carent and former officers, directors, rustees, key employees, and highest compensated enginyses? If "Yes," complete Schedule IX III 14 (Yes) as the property of the part IV IV 14 (Yes) and IV 1				Yes	No
22 Dubt the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), in 27 If Yes, "complete Schedule I, Parts i and III	21				
Pert IX. column (A), inc 2" if "Yes," complete Schedule I, Parts I and III and III and III and III amenipyees? If "Yes," complete Schedule J A sample server in the programment of the organization is current and former officers, directors, insatess, key employees, and highest compensated employees? If "Yes," complete Schedule J A sample server in the server			21		X
23 Del the organization answer "Yes" to Part VII, Section A, Inia 3, 4 or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees?" If "Yes," complete Schedule J ## 24    24 Del the organization was a law, exempt bond issue with an outstanding principal amount of more than \$10,0000 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   "No." go to line 25a    25 Del the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?"  26 Del the organization maintain an escrow account other than a refunding escrow at any time during the year?  26 Del the organization maintain an escrow account other than a refunding escrow at any time during the year?  27 Del the organization and as an "no behalf of issuer for bonds outstanding at any time during the year?"  28 Section 56 (10)(3), 601(c)(4), and 601(c)(23) organizations. Dit the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I    28 In the organization and a same and	22				3.7
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J storage and start 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 25a 24a X 24b Dd the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dd the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dd the organization meets any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Dd the organization meets any inchest the first an elevation gescrow at any time during the year to defease any tax-exempt bonds? 24c Dd the organization and as an "in behalf of issuer for bonds outstanding at any time during the year? 24c Dd the organization and as an in an escrow account of the thron an elevation of the organization and the storage of the organization and the storage of the organization should be a through the year? If "Yes," complete Schedule I., Part I 25a X 15b Siste organization aware that the fangaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 25b X 25b X 25b Dd the organization period any amount on Part X. line 5.6 or 22 for recovables from or payables to any current of former officers, directors, fusibles, key employees, or disqualified persons? If "Yes," complete Schedule I., Part II 25b X 25b X 25b Dd the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule I., Part IV 35b X 35b A 35b			22		X
emptoyee? If "Yes," complete Schedule J 24a Dot the organization have at the x-empt 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 25e  Dot the organization invest any proceeds of fax-empt bonds beyond a temporary period exception?  24b Did the organization minimal an escrow account other than a refunding escrow at any time during the year?  do bette organization and a single proceeds of fax-empt bonds beyond a temporary period exception?  24c Did the organization and a single proceeds of fax-empt bonds outstanding at any time during the year?  do bette organization and a single proceeds of fax-empt bonds outstanding at any time during the year?  24d Did be organization and a single proceeds of fax-empt bonds outstanding at any time during the year?  24d Did the organization and a single process of the organization engage in an excess benefit transaction with a dequalified person during the year? If "Yes," complete Schedule L Part I Discovered that the transaction has not been reported on any of the organization por Forms 900 or 990-E2?  If "Yes," complete Schedule L, Part I Discovered that the transaction has not been reported on any of the organization por Forms 900 or 990-E2?  If "Yes," complete Schedule L, Part I Discovered that the transaction has not been reported on any of the organization proportion and part of organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant and selection committee organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee filter organization provide and part of the assistance to an officer, director, trustee, key employee, substantial contributor or employee filter provided by the part I Discovered that the part I Discovered that the par	23				
24a Dd 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 compited Schedule K. If "No." go to line 25s Dd the organization marks an an escrow account other than a returning the year to defease any tax-exempt bonds? Dd the organization marks an an escrow account other than a returning escrow at any time during the year to defease any tax-exempt bonds? Dd the organization and an an "on behalf of" issuer for bonds beyond attemporary period exception? 24d Dd the organization and an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dd the organization and an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Sa Section 501(c)(3), 901(c)(4), and 501(c)(28) organizations. Did the organization engage in an excess benefit transaction with a dequalified person during the year? If "Yes," complete Schedule L. Part II  15 is the organization averse that it engaged in an excess benefit transaction with a desqualified person in a prior year, and that the transaction has not been reported on any of the organization spore Forms 990 or 990-E27  16 if "Yes," complete Schedule L. Part II  25d Dd the organization aprive that the properties of the organization spore or payables to any current or former officer, directors, trustees, every 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 II  27 Dd the organization aprive to a business transaction with one of the following parties (see Schedule L, Part IV  28a A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b A Annity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28c A Annity of which a current o			00		v
s 100,000 as of the last day of the year i that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25a	24-	• •	23		Λ_
through 24d and complete Schedule K. If "No," go to line 25a  b Did the organization inviest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  c Did the organization maintain an escrivol account other than a refunding escrivol at any time during the year to defease any tax-exempt bonds?  24c  d Did the organization and an an o'no behalf of "issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L., Part I 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 organizations proforms 900 or 900-E2?  If "Yes," complete Schedule L., Part I is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L., Part I is the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereot a grant as lection committee member, or in a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L., Part III is restricted.  27 Did the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV as A simily member of according to the payable schedule schedu	24a				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Sa Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yea," complete Schedule L. Part I  25a X  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 but been reported on any of the organization sport Forms 990 or 990-E2?  18 "Yea," complete Schedule L. Part I  25b X  26b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, in the organization provide a girant or other assistance to an officer, director, trustee, key employee, substantial contributior or employee thereof, a girant 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 X  28 Was the organization a party to a business transaction with one of 1th following parties (see Schedule L, Part IV  28a X  X  A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b X  A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions or all remarks assets, or qualified conservations or contributions? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II  Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II  Did the organization related to a	h				
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If "Yes," complete Schedule L, Part I 25b X 26 Dd the organization report any amount on Part X, line 5.6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, in phest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Dd the organization receive more than 25c, 500 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 30 Dd the organization receive more than 25c, 500 in non-cash contributions? If "Yes," complete Schedule N, Part I 32 Dd the organization sell, exchange, dispose of, or transfer more than 25% of fits net assets? If "Yes," complete Schedule N, Part I 32 Dd the organization sell, exchange, dispose of, or transfer more than 25% of fits net assets? If "Yes," complete Schedule N, Part II 32 X 31 Dd the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Dd the organization of 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, Par	-				
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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  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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 Vas 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 Vas the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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, lines 11b and	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 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 II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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, lines 11b and		Schedule L, Part IV	28b		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	С				
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I					
conservation contributions? If "Yes," complete Schedule M  10 Id the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			29		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30				3.7
Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  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  35a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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, lines 11b and	• •		30		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31				v
complete Schedule N, Part II  32 X  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	20		31		Λ
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 I. III.  33	32		20		v
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   33	22		32		21
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	33		33		Х
or IV, and Part V, line 1	34		- 00		21
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  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 A X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	04		34		Х
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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  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 Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	35a				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			- / -		<u> </u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			35b		
related organization? If "Yes," complete Schedule R, Part V, line 2	36				
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			36		Χ
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
Part VI					
		Part VI	37		Χ
19? Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
		19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	

# 14) CHILD & ADOLESCENT PSYCHOLOGY Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a   0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		v
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou .	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.			3.7
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	· · · · · · · · · · · · · · · · · · ·			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<b>.</b> .		\
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following The governing body?	8a	Χ	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	UD	2.5	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		3.7
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		Χ
a b	The organization's CEO, Executive Director, or top management official	15a 15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	190		21
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KELLY ALLEN (802)656-3482. 2 COLCHESTER AVE. BURLINGTON. VT 05405-1764			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, and 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 of	rganization c	ompen	sate	d an	y cu	rrent o	ffice	r, director, or truste	e	
(A) Name and Title	(B)  Average hours per week (list any hours for	box	, unle	Pos leck n ss pe ld a d	rson	han one is both a r/trustee	in e)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) THEODORE LANE DIRECTOR	10.00_	Х							0	0
(2) HAROLD LEITENBERG	10.00_									
DIRECTOR		Х						C	0	0
(3) KAREN FONDACARO  DIRECTOR	10.00	Х							0	0
//\ ANNIE MIDDAY_CLOCE	10.00									
DIRECTOR		X							0	o
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
<u>(13)</u>										
<u>(14)</u>										

EEA Form **990** (2014)

Section A. Officers, Directors, Trustee	s, Key Emplo	yees,	and	Hig	hes	t Con	npen	sated Employee:	s (continued)	T
(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck m s pers d a dir	ore the	nan one both an (trustee)		(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
[18]										
(1 <u>9</u> )										
(20)										
(21)										
(22)										
[23]										
(24)										
(25)										
1b Sub-total	ion A						•	C	0	0
Total number of individuals (including but not limited reportable compensation from the organization	to those listed							n \$100,000 of	0	
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule J	for such individ	dual								Yes No
For any individual listed on line 1a, is the sum of rep organization and related organizations greater than individual	\$150,000? If"Y	'es," co	ompl	ete :	Sche •••	dule J	for s	uch		<b>4</b> X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If "Yes," conformation of the organization of t	-	-				-		or individual		5 X
Complete this table for your five highest compensate compensation from the organization Report compensation.	=								n's tax	
year (A) Name and business addres	s							(B) Description of	organizations (W-2/1099-MISC)	(C) Compensation
rvanie and business addres	<u>-</u>							Description of	SCIVICES	Compensation

 $\blacktriangleright$ 

received more than \$100,000 of compensation from the organization

		Statement of Revenue		•	<u> </u>	•		
		Check if Schedule O contains a response of	or note	to any line in this P	art VIII		<u> </u>	<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
SS	1a	Federated campaigns	1a			revenue		012-014
ant	b	Membership dues	1b					
J. G.	С	Fundraising events	1c					
iifts ar A	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e					
tion er S	f	All other contributions, gifts, grants,						
ibut Othe		and similar amounts not included above	1f					
ontr nd 0	g	Noncash contributions included in lines 1a-1f						
<u>0</u> 8	h	Total. Add lines 1a-1f	• • •					
e	0-			Business Code				
Revenue	2a b							
e Re	C							
Service	d							
E S	e							
Program	f	All other program service revenue						
<u>a</u>	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, intere and other similar amounts) Income from investment of tax-exempt bond p	est,		48,777	48,777		
	5	Royalties		▶				
		(ı) Real		(II) Personal				
	6a	Gross rents						
		Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		•				
		Gross amount from sales of assets other than inventory	s	(II) Other				
		Less cost or other basis and sales expenses						
	C	Gain or (loss)						
<u>.</u> .		Net gain or (loss)	•••					
Other Revenue		Gross income from fundraising events (not including \$						
3e√		of contributions reported on line 1c)	_					
erl		See Part IV, line 18	. a					
o <del>t</del>		Less direct expenses	l l					
_		Net income or (loss) from fundraising events						
		Gross income from gaming activities						
		See Part IV, line 19	. а					
	b	Less direct expenses	. b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	a					
	h	Less cost of goods sold						
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	<u> </u>	Business Code				
	11a	Wilselianeous Nevenue						
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
		Total revenue. See instructions		. 1	48,777	48,777	0	

#### Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colur		ons must complete colu	mn (A)	1
	Check if Schedule O contains a response or note to any				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	18,348	18,348		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	800		800	
d	Lobbying				
е	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	1,188		1,188	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses litemize 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)				
a					
b					
C					
d	All all an arrange				
е	All other expenses	22.22	10.01		_
25 26	Total functional expenses. Add lines 1 through 24e .	20,336	18,348	1,988	0
40	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 following SOP 98-2 (ASC 958-720)				
	101109911114 30F 30-2 (M30 330-/20)				1

**Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	19,103	1	18,767
	2	Savings and temporary cash investments	40,959	2	20,961
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	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		6	
<sub>s</sub>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	200	9	200
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	663,217	11	693,520
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	723,479	16	733,448
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
E		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	723,479	27	733,448
Ba	28	Temporarily restricted net assets		28	
힡	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
o s		complete lines 30 through 34.			
se	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	888 181	32	B00 110
	33	Total net assets or fund balances	723,479	33	733,448
	34	Total liabilities and net assets/fund balances	723,479	34	733,448

#### SCHEDULE A

(Form 990 or 990-EZ)

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

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

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Name of the organization Employer identification number CHILD & ADOLESCENT PSYCHOLOGY 03-0229064 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported organization (II) EIN (III) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

03-0229064

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			1,202			1,202
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			1,202			1,202
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4						1,202
Sec	tion B. Total Support	T					
Caler	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			1,202			1,202
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,174	6,460	7,725	7,205	7,624	34,188
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .						35,390
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶□
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2014 (line 6, co	.,				14	3.40 %
15	Public support percentage from 2013 Schedu					15	4.00 %
	33 1/3% support test - 2014. If the organization qualified and stop here. The organization qualified and 1/3/2 1/3	fies as a publicly si	upported organizat	ion			▶ □
b	33 1/3% support test - 2013. If the organization has a standard beautiful and standard beau					·	▶ □
17a	check this box and stop here. The organiz 10%-facts-and-circumstances test - 2014	•		<del>-</del>			
17 a	10% or more, and if the organization meets	ū		,			
	Part VI how the organization meets the "facts				•	11 111	
	organization		•		•		▶ □
b	10% -facts-and-circumstances test - 201						,
	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization meets			,	•		
	,			•			▶ □
18	Private foundation. If the organization did						
	instructions						▶ 🏻

03-0229064

#### 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)

Sec	tion A. Public Support			· •			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	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 bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, colu	ımn (f) dıvıded by lı	ne 13, column (f))			15	%
16	Public support percentage from 2013 Schedule					16	%
Sec	tion D. Computation of Investmer	<u>ıt Income Per</u>	centage				
17	Investment income percentage for 2014 (line					17	<u>%</u>
18	Investment income percentage from 2013 Sc	chedule A, Part III	, line 17		• • • • • • • • •	18	<u>%</u>
19a	<b>33 1/3% support tests - 2014.</b> If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2013. If the organize line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r						

#### **SCHEDULE C** (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations (	Complete Part III			
Nam	e of organization			Employ	er identification number
CF	HILD & ADOLESCENT PSYCHOLOGY			03-02	29064
	Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 or	ganization.
1	Provide a description of the organization's				
2	Political expenditures			▶ \$	
3	Volunteer hours			• • • • • • • • •	
	Complete if the organ	ization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incurred			▶ \$	
2	Enter the amount of any excise tax incurred			▶ \$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					
4a					🗌 Yes 📙 No
b	If "Yes," describe in Part IV				
		ization is exempt under section		ept section 501(c	(3).
1	Enter the amount directly expended by the				
	activities			· · · · · · · · ▶   \$ <sub>.</sub>	
2	Enter the amount of the filing organization's				
	527 exempt function activities			· · · · · · · ▶   \$ <sub>.</sub>	
3	Total exempt function expenditures Add lir	nes 1 and 2 Enter here and on Form 1120	)-POL,		
	line 17b				
4	Did the filing organization file Form 1120	•			🗌 Yes 📙 No
5	Enter the names, addresses and employer	, ,			
	organization made payments For each org	•			
	the amount of political contributions receive			=	
	as a separate segregated fund or a politica	action committee (PAC)   if additional spa	ce is needed, provi	de information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received and
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sche	dule C (Form 990 or 990-EZ) 2014 CHILD & ADOLE:	SCENT PSYCHOLOG	Y		03-02290	64 Page <b>2</b>
	Complete if the organization section 501(h)).	on is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
			al leak on Don't IV and a	- Class d analys na analy		
A	Check  if the filing organization belongs to			amiliated group memb	ers	
_	name, address, EIN, expenses, ar					
В	Check   If the filing organization checked be					
		bying Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures"				Organization's totals	group totals
1a	Total lobbying expenditures to influence public op	,-	,	• • • • • • • •		
b	Total lobbying expenditures to influence a legislati	, ,	ng)	• • • • • • • •		
C	Total lobbying expenditures (add lines 1a and 1b)	• • • • • • •	• • • • • • • • • •	• • • • • • • •		
d		• • • • • • • • • •	• • • • • • • • • •	• • • • • • • •		
e	Total exempt purpose expenditures (add lines 1c	•	• • • • • • • • • •	• • • • • • • •		
f	Lobbying nontaxable amount Enter the amount fr	om the following table	ın both			
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000	20% of the am	ount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess ov			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess ov			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ove	r \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	′				
h	Subtract line 1g from line 1a If zero or less, enter	-0				
i	Subtract line 1f from line 1c If zero or less, enter -	0				
j	If there is an amount other than zero on either line	1h or line 1i, did the o	organization file Form	4720		
	reporting section 4911 tax for this year?					☐ Yes ☐ No
		4-Year Averagi	ng Period Under	section 501(h)		
	(Some organizations that made a s	_	-		of the five column	s below
	· -	• •	structions for line	-		5 D010111.
					,	
	Lobk	ying Expenditures	During 4-Year Avera	aging Period	1 1	
	Calendar year (or fiscal year	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
	beginning in)	, ,	, ,		, ,	, ,
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

EEA Schedule C (Form 990 or 990-EZ) 2014

	dule C (Form 990 or 990-EZ) 2014 CHILD & ADOLESCENT PSYCHOLOGY  Complete if the organization is exempt under section 501(c)(3) and has NOT file		02290 orm 5		P	age
	(election under section 501(h)).	<b></b>	J U			
		(	a)		(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity	Yes	No	۸	mount	
		163	140		moun	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b						
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h						
i	Other activities?  Total Add lines 1c through 1i					
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
r	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d						
ü	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5). o	r sec	tion		
	501(c)(6).	(-,, -				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)					
			Darti	II-A, I	ine 3	, is
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol	≺ (b)	raiti	•		
	answered "Yes."	(a) <b>&gt;</b>				
	answered "Yes."  Dues, assessments and similar amounts from members	· ·	1			
	answered "Yes."  Dues, assessments and similar amounts from members	· ·				
2	answered "Yes."  Dues, assessments and similar amounts from members	•••	1			
2 a	answered "Yes."  Dues, assessments and similar amounts from members	•••	1 2a	,		
2 a b	answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year	•••	1 2a 2b			
a b c	answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year  Total		1 2a 2b 2c			
2 a b c	answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 2a 2b			
2 a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1 2a 2b 2c			
2 a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1 2a 2b 2c 3			
2 a b c 3	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		1 2a 2b 2c 3			
b	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1 2a 2b 2c 3			

EEA

# Tax Exempt Diagnostic Summary Same CHILD & ADOLESCENT PSYCHOLOGY Tax Exempt Diagnostic Summary Employer Identification # 03-0229064

**Demographics** 

Mailing Address: Phone: (802) 656–2661

2 COLCHESTER AVE

BURLINGTON, VT 05405-1764

Resident State: VT

**Diagnostics** 

Preparer: WILLIAM J DURKEE Invoice: Date: 09-21-2015

#### **Return Information**

Manager Button	2014	2013 Federal
Item on Return	Federal	(If available)
Total Revenue	48,777	
Total Expenses	20,336	
Net Excess (Deficit)	28,441	
Net Assets or Fund		
Balances	733,448	723 <b>,</b> 479

#### State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	<u>Refund/</u>
	<u>Revenue</u>	<b>Expenses</b>	<u>Balance</u>		<u>Tax</u>	(Balance Due)

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014	

Employer identification number

OMB No 1545-0047

ŝ (h) Purpose of grant or assistance Yes × Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990 (g) Description of non-cash assistance 03-0229064 (f) Method of valuation (book, FMV, appraisal, other) Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section ıf applicable General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (p) EIN (a) Name and address of organization CHILD & ADOLESCENT PSYCHOLOGY or government 9 Ξ 3 ල <u>£</u> 9 9 6 8 6

03-0229064 CHILD & ADOLESCENT PSYCHOLOGY Schedule I (Form 990) (2014)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1 ASSISTANCE FOR STUDENTS EEA 7 က 4 ç 9

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047 2014

Employer identification number

CHILD & ADOLESCENT PSYCHOLOGY 03-0229064 01. Form 990 governing body review (Part VI, line 11) THE GOVERNING BOARD REVIEWS THE TAX RETURNS AFTER FILING, BUT AT THE NEXT MEETING. 02. Governing documents, etc, available to public (Part VI, line 19) TAX RECORDS ARE AVAILABLE UPON REQUEST TO ANY INTERESTED PARTY. 03. Explanation of other changes in net assets or fund balances (Part XI, line NET DECREASE IN MARKET VALUE

## William J Durkee CPA

79 New England Avenue
Colchester, VT 05446
wydcpa@mvfairpoint net
Phone (802)862-8477 | Fax (802)862-0338

September 21, 2015

Child & Adolescent Psychology 2 Colchester Ave Burlington, VT 05405-1764

Subject Preparation of 2014 Tax Returns

Child & Adolescent Psychology:

Thank you for choosing William J Durkee CPA to assist with the 2014 taxes for Child & Adolescent Psychology This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide

We will prepare the 2014 federal and state income tax returns for Child & Adolescent Psychology. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform management of any material errors, fraud, or other illegal acts we discover

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Child & Adolescent Psychology, the alternative selected by management

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for three years, after which these documents will be destroyed.

Our engagement to prepare the 2014 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them

To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided
We appreciate your confidence in us Please call if you have questions
Sincerely.
William J Durkee CPA William J Durkee CPA
Accepted By
Officer
Date

Form	1 990 (2014) CHILD & ADOLESCENT PSYCHOLOGY	03-022	9064	Page 1:
	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,777
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,336
3	Revenue less expenses Subtract line 2 from line 1	3		28,441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		723,479
5	Net unrealized gains (losses) on investments	5		(18,472)
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	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		733,448
	Financial Statements and Reporting	'		
	Check if Schedule O contains a response or note to any line in this Part XII			🗌
				Yes No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	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	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form **990** (2014)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

#### 990 Form

### **Return of Organization Exempt From Income Tax**

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	e 2014 calend	ar year, or	tax year begir	nning		07-01	, 2014, and e	nding		06	-30 , <b>20</b> 15
В_	Check If	applicable	C Name of o	rganization <b>CHII</b>	D & ADOLESCENT	PSYCHOLOGY						D Employer identification no
	Address	change	Doing busi	iness as								03-0229064
	Name ch	ange	Number ar	nd street (or PO b	ox if mail is not delivered	to street address)			Room	/suite		E Telephone number
	Initial ret	urn	2 COL	CHESTER AVE	1							(802) 656-2661
	Final reti	ırn/terminated	City or tow	vn, state or provinc	e, country, and ZIP or fore	eign postal code						48,777
	Amende	d return	BURLI	NGTON, VT 0	5405-1764							G Gross receipts\$
	Applicati	on pending		address of princip								·
									H(a	<ul> <li>a) Is this a gr subordinat</li> </ul>	oup retes?	turn for Yes X No
	Tax-exer	mpt status X	501(c)(3)	501(c) (	) ◀ (insert no )	4947(a)(1) or	527		H(I	b) Are all sub	ordina	tes included? Yes No
	Website				, , , , , , , , , , , , , , , , , , , ,		<del></del>		H(6	If "No	o," attac	ch a list (see instructions)
			Corporation	Trust Ass	sociation Other		L Ye	ar of formation 1	.986			al domicile <b>VT</b>
		Summar			<u> </u>							
	1		•	nization's missio	on or most significant	t activities	ENCOURA	GING, SUPP	ORTIN	G AND CA	RRYI	NG OUT
		RESEARCH.	•		J			<b>,</b>				
JCe				EDUCATION	SERVICE IN THE	AREA OF CHI	ILD AND	ADOLESCEN'	T PSY	CHOLOGY.		
Governance												
Ve	2	Check this bo	ox ▶ If t <sup>i</sup>	he organization	discontinued its ope	erations or dispos	sed of more	e than 25% of r	ts net a	ssets		
	3			•	ning body (Part VI, lii						3	4
Activities &	4		•	•	s of the governing bo	•	1b) .				4	4
itie	5		•	•	calendar year 2014	• •					5	0
cţi	6			rs (estimate if n	•	•					6	
ĕ	7a			•	Part VIII, column (C),						7a	0
					from Form 990-T, line						7b	<del>                                     </del>
		riot amolato	1 540111000 14							Prior Year		Current Year
e	8	Contributions	and grants	(Part VIII, line 1	(h)					T HOT TOU		0
	9		_	(Part VIII, line	•							0
ēn	10	-		•	), lines 3, 4, and 7d)			<b>-</b>				48,777
Revenue	11		•	,	es 5, 6d, 8c, 9c, 10c,							10,777
	12				must equal Part VIII,							48,777
	13				(, column (A), lines 1		,					18,348
	14					Ť		-				0
	15											0
Expenses	16a											0
en			-	•	umn (D), line 25)	<b>•</b>		0				
Ä	17				es 11a-11d, 11f-24e)	`						1,988
	18		•		equal Part IX, colum							20,336
				Subtract line 1								28,441
			<u> </u>						Beginn	ing of Curren	t Year	
ets	20	Total assets	(Part X. line	16)							3,47	
ASS	21	Total liabilities	•	,								0
Net Assets or	22		•	•	ne 21 from line 20					72:	3,47	9 733,448
			re Block									,
		s of perjury, I decl	lare that I have	examined this retu	ırn, ıncludıng accompanyı				knowled	lge and belief,	ıt ıs	
true,	correct, a	ind complete Decl	laration of prepare	arer (other than off	icer) is based on all infor	mation of which prep	arer has any	knowledge				
		REX I	FOREHAND									
Sig	ın	Signatur	re of officer								Dat	e
Hei	re	REX I	FOREHAND,	PRESIDENT	OF DIRECTORS							
		Type or	print name and	d title								
		Print/Type pre	eparer's name		Preparer's signature		Da	te		Check X	ıf	PTIN
Pai	d		J DURKEE	CPA	WILLIAM J DURE	KEE CPA	09-	-21-2015		self-employ		P00125587
	pare	r Firm's name	<b>•</b>	William	J Durkee CPA				Fırm's	EIN •		
	e Onl		is •	79 New E	ngland Avenue				Phone			
					er VT 05446						2-8	62-8477
Mav	the IRS	S discuss this r	eturn with th		wn above? (see insti	ructions)						⊠ Yes □ No

Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ 4e Total program service expenses 18,348 Form 990 (2014) EEA

## Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	.		3.7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
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 98-197 If "Yes," complete Schedule C,	_		v
	Part III	5		X
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			21
•	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		7.7
-	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		Χ
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		Χ
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		Χ
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		Χ
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		Χ
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		X
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		Χ
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		v
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14 2		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		77
b				
	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		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	מדי		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
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		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

#### Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			3.7
	employees? If "Yes," complete Schedule J	23		X
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			3.7
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
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	24.5		
	to defease any tax-exempt bonds?	24c		
d 250	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), 501(c)(4), and 501(c)(29) 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		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	20a		21
b	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		- 21
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
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		Χ
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	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
0.4	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Χ
32	Part I	31		Λ
32	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		2.5
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		.	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Χ	

### Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	• • •	• • •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	Х	
22	reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	Λ	
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		21	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		v
h	and services provided to the payor?	7a 7b		X
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		71
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b				
12a	against amounts due or received from them )	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Sec	tion 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 1b 4			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<b>-</b> -		\ \ <u>\</u>
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			\ \ <u>\</u>
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following	0-	Χ	
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	$\vdash$
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		X
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
000	tion D. 1 Onoics (This Section Direquests information about policies not required by the internal Neventide Code )		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Χ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KELLY ALLEN (802)656-3482 2 COLCHESTER AVE BURLINGTON VT 05405-1764			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, and 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 of	organization c	ompen	sate	d an	y cu	rrent o	ffice	r, director, or truste	e	
(A) Name and Title	(B)  Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Former employ (V)		(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
•	organizations below dotted line)	Individual trustee or director	Institutional trustee	сег	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations
(1) THEODORE LANE	10.00	v							_	_
DIRECTOR		Х						C	0	0
(2) HAROLD LEITENBERG DIRECTOR	10.00	Х						C	0	0
(3) KAREN FONDACARO	10.00									
DIRECTOR		Χ						C	0	0
(4) ANNIE MURRAY-CLOSE	10.00									
DIRECTOR		Χ						C	0	0
<u>(5)</u>										
<u>(6)</u>										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

EEA Form **990** (2014)

	Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and	Hig	hes	t Com	nper	sated Employee:	s (continued)	1
					(0						
	(A)	(B)	(do n	ot che	Posi eck m		nan one		(D)	(E)	(F)
	Name and title	Average					both an		Reportable	Reportable	Estimated
		hours per week (list any	office	er and	_	ector.	/trustee)	_	compensation from	compensation from related	amount of other
		hours for	o Ind	Ins	Officer	ξe.	em Hig	Former	the	organizations	compensation
		related	Individual trustee or director	Institutional trustee	ІСЕГ	Key employee	Highest compensated employee	mer	organization	(W-2/1099-MISC)	from the
		organizations	of Jai	ona		oldt	ee o		(W-2/1099-MISC)		organization
		below dotted line)	rust	=		yee	mpe				and related organizations
		11110)	8	stee			nsa				organizations
							ted				
(15)_		L									
(16)											
		F									
(17)											
7,7,											
<u>(18)</u>											
(19)_		L									
(20)											
<u> </u>											
(21)											
<u>'</u> ''											
<u>(22)</u>											
(23)											
<u> </u>		F									
(24)											
7-3/											
40.51											
<u>(25)</u>											
1b	Sub-total										
С	Total from continuation sheets to Part VII, Section	n A.						•			
d	Total (add lines 1b and 1c)							•	l c	o	О
2	Total number of individuals (including but not limited to								n \$100.000 of		1
_	reportable compensation from the organization			,					•	0	
	reportable compensation from the organization										Von No
_											Yes No
3	Did the organization list any former officer, director		-	nplo	yee,	or i	nighes	t co	mpensated		
	employee on line 1a? If "Yes," complete Schedule J for	or such individ	dual								3 X
4	For any individual listed on line 1a, is the sum of repor	table comper	nsation	and	othe	er co	mpens	satıo	n from the		
	organization and related organizations greater than \$1	150,000? If"Y	es," co	ompl	ete S	Sche	edule J	for s	such		
	ındıvıdual										4 X
5	Did any person listed on line 1a receive or accrue con	npensation fro	om anv	unr	elate	d or	ganiza	ation	or individual		
-	for services rendered to the organization? If "Yes," coi										5 X
Socti		inpiete odriec	idie 5 i	01 30	acii p	CISC	<i>)</i>		<u> </u>	<u> </u>	71
	on B. Independent Contractors										
1	Complete this table for your five highest compensated										
	compensation from the organization Report compens	sation for the	calend	ar ye	ear e	ndın	g with	or w	ithin the organization	n's tax	
	year										
	(A)								(B)		(C)
	Name and business address								Description of	services	Compensation
	Traine and business address								2000 Piloti Of		2 2portoddon
									1		
2	Total number of independent contractors (including but	it not limited t	n those	a liet	ed al	hove	a) who				

 $\blacktriangleright$ 

received more than \$100,000 of compensation from the organization

		Statement of Revenue						
		Check if Schedule O contains a response	or note	e to any line in this F	Part VIII		<u></u>	<u></u> C
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns	1a 1b					
A.G	С	Fundraising events	1c					
Gift. Iar	d	Related organizations	1d					
is, (	е	Government grants (contributions)	1e					
tior er S	f	All other contributions, gifts, grants,						
ibu Oth		and similar amounts not included above	1f					
ontr nd (	g	Noncash contributions included in lines 1a-1i						
ပိုဖ	h	Total. Add lines 1a-1f	• • •					
e	20			Business Code				
Service Revenue	2a b							
e Re	C							
ervic	d							
Š E	e							
Program	_	All other program service revenue						
Ā		Total. Add lines 2a-2f						
	3	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond process.	est,		48,777	48,777		
	5	Royalties		▶				
		(ı) Real		(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		•				
	l	Gross amount from sales of assets other than inventory	es	(II) Other				
		Less cost or other basis and sales expenses						
		Net gain or (loss)						
ne ne		Gross income from fundraising						
Other Revenu		events (not including \$						
Re		of contributions reported on line 1c)						
her		See Part IV, line 18	. а					
₹	b	Less direct expenses	. b					
	С	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities						
		See Part IV, line 19						
		Less direct expenses						
	С	Net income or (loss) from gaming activities	• •	•				
		Gross sales of inventory, less returns and allowances	. а					
		Less cost of goods sold						
	С	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C	All other revenue						
		All other revenue		<b>.</b>				
		Total revenue. See instructions			48,777	48,777	0	
		. C.a. 10 TOTIGO OCC HIGHWOHOHO				-20,111	U	

#### Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colur		ons must complete colu	mn (A)	1
	Check if Schedule O contains a response or note to any				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	18,348	18,348		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	800		800	
d	Lobbying				
е	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	1,188		1,188	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses litemize 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)				
a					
b					
C					
d	All all an arrange				
е	All other expenses	22.22	10.01		_
25 26	Total functional expenses. Add lines 1 through 24e .	20,336	18,348	1,988	0
40	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 following SOP 98-2 (ASC 958-720)				
	101109911114 30F 30-2 (M30 330-/20)				1

**Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	19,103	1	18,767
	2	Savings and temporary cash investments	40,959	2	20,961
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	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		6	
<sub>s</sub>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	200	9	200
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	663,217	11	693,520
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	723,479	16	733,448
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
E		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	723,479	27	733,448
Ba	28	Temporarily restricted net assets		28	
힡	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
o s		complete lines 30 through 34.			
se	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	888 181	32	B00 110
	33	Total net assets or fund balances	723,479	33	733,448
	34	Total liabilities and net assets/fund balances	723,479	34	733,448

#### **SCHEDULE C** (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations (	Complete Part III							
Nam	e of organization			Employ	er identification number				
CF	HILD & ADOLESCENT PSYCHOLOGY			03-02	29064				
	Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 or	ganization.				
1	Provide a description of the organization's								
2	Political expenditures			▶ \$					
3	Volunteer hours			• • • • • • • • •					
	Complete if the organ	ization is exempt under section	on 501(c)(3).						
1	Enter the amount of any excise tax incurred			▶ \$					
2	Enter the amount of any excise tax incurred			▶ \$					
3	If the organization incurred a section 4955								
4a					🗌 Yes 📙 No				
b	If "Yes," describe in Part IV								
		ization is exempt under section		ept section 501(c	(3).				
1	Enter the amount directly expended by the								
	activities			· · · · · · · · ▶   \$ <sub>.</sub>					
2	Enter the amount of the filing organization's funds contributed to other organizations for section								
	527 exempt function activities								
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,								
	line 17b								
4									
5									
	organization made payments For each org	•							
	the amount of political contributions receive			=					
	as a separate segregated fund or a politica	action committee (PAC)   if additional spa	ce is needed, provi	de information in Part IV					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received and				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

Sche	dule C (Form 990 or 990-EZ) 2014 CHILD & ADOLE:	SCENT PSYCHOLOG	Y		03-02290	64 Page <b>2</b>
	Complete if the organization section 501(h)).	on is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under
			al leak on Don't IV and a	- Class d analys na analy		
А	Check  if the filing organization belongs to			amiliated group memb	ers	
_	name, address, EIN, expenses, ar					
В	Check   If the filing organization checked be					
		bying Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures"				organization's totals	group totals
1a	Total lobbying expenditures to influence public op	• • • • • • • •				
b	Total lobbying expenditures to influence a legislati	• • • • • • • •				
C	Total lobbying expenditures (add lines 1a and 1b)	• • • • • • • •				
d		• • • • • • • • • •	• • • • • • • • • •	• • • • • • • •		
e	Total exempt purpose expenditures (add lines 1c	• • • • • • • •				
f	Lobbying nontaxable amount Enter the amount fr					
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000	20% of the am	ount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess ov			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess ov			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ove			
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	′				
h	Subtract line 1g from line 1a If zero or less, enter	-0				
i	Subtract line 1f from line 1c If zero or less, enter -					
j	If there is an amount other than zero on either line	4720				
	reporting section 4911 tax for this year?					☐ Yes ☐ No
		4-Year Averagi	ng Period Under	section 501(h)		
	(Some organizations that made a s	_	-		of the five column	s below
	· -	• •	structions for line	-		o bolow.
					,	
	Lobk	ying Expenditures	During 4-Year Avera	aging Period	1 1	
	Calendar year (or fiscal year	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
	beginning in)	, ,	, ,		, ,	, ,
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

EEA Schedule C (Form 990 or 990-EZ) 2014

_	Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	icu i	VIIII (	,, ,,,
⊢or	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
description of the lobbying activity				Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), C	or sec	tion
				Yes N
1	Were substantially all (90% or more) dues received nondeductible by members?	• • •		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
	Complete if the organization is exempt under section 501(c)(4), section 501(c)			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."	iv (b)	rait	III-A, IIIIC 3, I
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
	Current year		2a	
а	Carryover from last year		2b	
a b	Tatal		2c	
a b c	Total	• •		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
c				
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
с 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		3	
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		3	
<b>c 3 4 5</b> Prov	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the  excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		3	
<b>c 3 4 5</b> Prov	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  ride the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1		3	

## William J Durkee CPA

79 New England Avenue
Colchester, VT 05446
wydcpa@mvfaupomt net
Phone (802)862-8477 | Fax (802)862-0338

Child & Adolescent Psychology 2 Colchester Ave Burlington, VT 05405-1764

Your 2014 tax return was prepared by William J Durkee CPA.

#### Description of Charges

Price

800.00

Invoice Date: 09/21/2015

Total Balance Due

```
Federal and Supplemental Forms
Form 990
              - Return of Org Exempt from Income Tax Page 1
Form 990
               - Return of Org Exempt from Income Tax Page 2
Form 990
               - Return of Org Exempt from Income Tax Page 3
Form 990
               - Return of Org Exempt from Income Tax Page 4
Form 990
              - Return of Org Exempt from Income Tax Page 5
Form 990
               - Return of Org Exempt from Income Tax Page 6
Form 990
               - Return of Org Exempt from Income Tax Page 7
Form 990
              - Return of Org Exempt from Income Tax Page 8
Form 990
              - Return of Org Exempt from Income Tax Page 9
Form 990
               - Return of Org Exempt from Income Tax Page 10
Form 990
               - Return of Org Exempt from Income Tax Page 11
Form 990
              - Return of Org Exempt from Income Tax Page 12
Form 8879E0
              - E-file Signature Auth for an Exempt Org
Schedule A
              - Organization Exempt Under Sec 501(c)(3) pg 1
Schedule A
              - Organization Exempt Under Sec 501(c)(3) pg 2
Schedule A
              - Organization Exempt Under Sec 501(c)(3) pg 3
Schedule C
              - Political Campaign and Lobbying Page 1
Schedule C
               - Political Campaign and Lobbying Page 2
Schedule C
              - Political Campaign and Lobbying Page 3
Schedule I
             - Grants and Other Assistance Page 1
Schedule I
               - Grants and Other Assistance Page 2
               - Supplemental Information Page 1
Total Forms: 22
                                                     Forms Subtotal
                                                                                   800.00
```

# Tax Exempt Diagnostic Summary Same CHILD & ADOLESCENT PSYCHOLOGY Tax Exempt Diagnostic Summary Employer Identification # 03-0229064

**Demographics** 

Mailing Address: Phone: (802) 656–2661

2 COLCHESTER AVE

BURLINGTON, VT 05405-1764

Resident State: VT

**Diagnostics** 

Preparer: WILLIAM J DURKEE Invoice: Date: 09-21-2015

#### **Return Information**

Manager Button	2014	2013 Federal
Item on Return	Federal	(If available)
Total Revenue	48,777	
Total Expenses	20,336	
Net Excess (Deficit)	28,441	
Net Assets or Fund		
Balances	733,448	723 <b>,</b> 479

#### State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	<u>Refund/</u>
	<u>Revenue</u>	<b>Expenses</b>	<u>Balance</u>		<u>Tax</u>	(Balance Due)

Form	990 (2014) CHILD & ADOLESCENT PSYCHOLOGY	03-022	9064	Page 12
	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,777
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,336
3	Revenue less expenses Subtract line 2 from line 1	3		28,441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		723,479
5	Net unrealized gains (losses) on investments	5		(18,472)
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	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		733,448
	Financial Statements and Reporting	'		
	Check if Schedule O contains a response or note to any line in this Part XII			🗆
	·			Yes No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	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?		За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form **990** (2014)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

#### 990 Form

### **Return of Organization Exempt From Income Tax**

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07-01, 2014, and ending									06	-30 <b>,20</b> 15					
В_	Check If	ck if applicable C Name of organization CHILD &			D & ADOLESCENT	PSYCHOLOGY						D Employer identification no			
	Address	ress change Doing business as									03-0229064				
	Name ch	e change Number and street (or P O box if mail is not delivered to street address) Roo						Room	n/suite		E Telephone number				
	Initial ret	urn	2 COLO	CHESTER AVE	1							(802) 656-2661			
	Final reti	ırn/terminated	City or tow	vn, state or provinc	e, country, and ZIP or for	eign postal code						48,777			
	Amended return BURLINGTON, VT 05405-1764											G Gross receipts\$			
	Application pending F Name and address of principal officer										_	·			
									H(	<ul> <li>a) Is this a gr subordinat</li> </ul>	oup ret	turn for Yes X No			
	Tax-exer	ax-exempt status									H(b) Are all subordinates included? Yes No				
	Website				, , , , , , , , , , , , , , , , , , , ,		<del></del>		— h(	If "No	o," attac	ch a list (see instructions)			
			Corporation	Trust Ass	sociation Other		L Ye	ar of formation 1	.986			al domicile VT			
		Summar			<u> </u>										
	1		•	nization's missio	on or most significant	t activities	ENCOURA	GING, SUPP	ORTIN	IG AND CA	RRYI	NG OUT			
		RESEARCH.													
JCe				EDUCATION	SERVICE IN THE	AREA OF CHI	ILD AND	ADOLESCEN'	T PSY	CHOLOGY.					
Governance															
Ve	2	Check this bo	ox ▶ If t	he organization	discontinued its ope	erations or dispos	sed of more	e than 25% of r	ts net a	ssets					
	3			•	ning body (Part VI, lii						3	4			
త ഗ	4		•	•	s of the governing bo	•	1b) .				4	4			
itie	5		•	•	calendar year 2014	• •					5	0			
Activities &	6			rs (estimate if n	•	•					6				
ĕ	7a			•	Part VIII, column (C),						7a	0			
					from Form 990-T, line						7b	0			
		riot amolato	1 540111000 14						• • •	Prior Year		Current Year			
	8	Contributions	and grants	(Part VIII, line 1	(h)					11101 1Cui		0			
<u>e</u>	9		_	•	•							0			
ēn	10											48,777			
Revenue	11		•	,	es 5, 6d, 8c, 9c, 10c,							10,777			
	12				must equal Part VIII,							48,777			
	13				(, column (A), lines 1		,					18,348			
	14				, column (A), line 4)			-				0			
	15	-			benefits (Part IX, co							0			
Expenses	16a		-		olumn (A), line 11e)							0			
en			-	•	umn (D), line 25)	<b>•</b>		0							
Ä	17				es 11a-11d, 11f-24e)	`						1,988			
	18		•		equal Part IX, colum							20,336			
				Subtract line 1								28,441			
			<u> </u>						Beginn	ing of Curren	t Year				
ets	20	<b>20</b> Total assets (Part X, line 16)							723,4						
ASS	21	Total liabilities	•	,								0			
Net Assets or	22									72:	3,47	9 733,448			
			re Block									,			
		s of perjury, I decl	lare that I have	examined this retu	ırn, ıncludıng accompanyı				knowled	ge and belief,	ıt ıs				
true,	correct, a	ind complete Decl	laration of prepare	arer (other than off	icer) is based on all infor	mation of which prep	arer has any	knowledge			_				
		REX I	FOREHAND												
Sig	ın	Signatur	re of officer								Date	e			
Hei	re	REX I	FOREHAND,	PRESIDENT	OF DIRECTORS										
		Type or	print name and	d title											
		Print/Type pre	eparer's name		Preparer's signature		Da	te		Check X	ıf	PTIN			
Pai	d		J DURKEE	CPA	WILLIAM J DURE	KEE CPA	09-	-21-2015		self-employ		P00125587			
	pare	r Firm's name	<b>•</b>	William	J Durkee CPA				Fırm's	s EIN ▶					
	e Onl		is •	79 New E	ngland Avenue				Phon						
			Colchester VT 05446						802-862-8477						
Mav	the IRS	S discuss this r	eturn with th		wn above? (see insti	ructions) .						⊠ Yes □ No			

Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ 4e Total program service expenses 18,348 Form 990 (2014) EEA

## Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	.		3.7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
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 98-197 If "Yes," complete Schedule C,	_		v
	Part III	5		X
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		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
J	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		2.7
•	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		Χ
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		Χ
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		Χ
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		Χ
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		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		Χ
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		v
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14 2		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		77
b				
	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		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	מדי		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
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		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

# Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			3.7
	employees? If "Yes," complete Schedule J	23		X
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			3.7
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
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	24.5		
	to defease any tax-exempt bonds?	24c		
d 250	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), 501(c)(4), and 501(c)(29) 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		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	20a		21
b	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
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		Χ
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	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
0.4	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Χ
32	Part I	31		Λ
32	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		2.5
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
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		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		.	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Χ	

# Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	• • •	• • •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	Χ	
22	reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	Λ	
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		21	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		v
h	and services provided to the payor?	7a 7b		X
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		71
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b				
12a	against amounts due or received from them )	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Sec	tion 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 1b 4			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<b>-</b> -		\ \ <u>\</u>
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			\ \ <u>\</u>
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following	0-	Χ	
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	$\vdash$
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		X
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
000	tion D. 1 Onoics (This Section Direquests information about policies not required by the internal Neventide Code )		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Χ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KELLY ALLEN (802)656-3482 2 COLCHESTER AVE BURLINGTON VT 05405-1764			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, and 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 of	organization c	ompen	sate	d an	y cu	rrent o	ffice	r, director, or truste	e	
(A) Name and Title	(B)  Average hours per week (list any hours for related	erage box, unless person is both an officer and a director/trustee) (list any is for		(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
•	organizations below dotted line)	Individual trustee or director	Institutional trustee	сег	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations
(1) THEODORE LANE	10.00	v							_	_
DIRECTOR		Х						C	0	0
(2) HAROLD LEITENBERG DIRECTOR	10.00	Х						C	0	0
(3) KAREN FONDACARO	10.00									
DIRECTOR		Χ						C	0	0
(4) ANNIE MURRAY-CLOSE	10.00									
DIRECTOR		Χ						C	0	0
<u>(5)</u>										
<u>(6)</u>										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

EEA Form **990** (2014)

	Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and	Hig	hes	t Com	nper	sated Employee:	s (continued)	1
					(0						
	(A)	(B)	(do n	ot che	Posi eck m		nan one		(D)	(E)	(F)
	Name and title	Average					both an		Reportable	Reportable	Estimated
		hours per week (list any	office	er and	_	ector.	/trustee)	_	compensation from	compensation from related	amount of other
		hours for	o Ind	Ins	Officer	ξe.	em Hig	Former	the	organizations	compensation
		related	Individual trustee or director	Institutional trustee	ІСЕГ	Key employee	Highest compensated employee	mer	organization	(W-2/1099-MISC)	from the
		organizations	of Jai	ona		oldt	ee o		(W-2/1099-MISC)		organization
		below dotted line)	rust	=		yee	mpe				and related organizations
			8	stee			nsa				organizations
							ted				
(15)_		L									
(16)											
		F									
(17)											
7,7,											
<u>(18)</u>											
(19)_		L									
(20)											
<u> </u>											
(21)											
<u>'</u> ''											
<u>(22)</u>											
(23)											
<u> </u>		F									
(24)											
7-3/											
40.51											
<u>(25)</u>											
1b	Sub-total										
С	Total from continuation sheets to Part VII, Section	n A.						•			
d	Total (add lines 1b and 1c)							•	l c	o	О
2	Total number of individuals (including but not limited to								n \$100.000 of		1
_	reportable compensation from the organization			,					•	0	
	reportable compensation from the organization										Von No
_											Yes No
3	Did the organization list any former officer, director		-	nplo	yee,	or i	nighes	t co	mpensated		
	employee on line 1a? If "Yes," complete Schedule J for	or such individ	dual								3 X
4	For any individual listed on line 1a, is the sum of repor	table comper	nsation	and	othe	er co	mpens	satıo	n from the		
	organization and related organizations greater than \$1	150,000? If"Y	es," co	ompl	ete S	Sche	edule J	for s	such		
	ındıvıdual										4 X
5	Did any person listed on line 1a receive or accrue con	npensation fro	om anv	unr	elate	d or	ganiza	ation	or individual		
-	for services rendered to the organization? If "Yes," coi										5 X
Socti		inpiete odriec	idie 5 i	01 30	acii p	CISC	<i>)</i>		<u> </u>	<u> </u>	71
	on B. Independent Contractors										
1	Complete this table for your five highest compensated										
	compensation from the organization Report compens	sation for the	calend	ar ye	ear e	ndın	g with	or w	ithin the organization	n's tax	
	year										
	(A)								(B)		(C)
	Name and business address								Description of	services	Compensation
	Traine and business address								2000 Piloti Of		2 2portoddon
									1		
2	Total number of independent contractors (including but	it not limited t	n those	a liet	ed al	hove	a) who				

 $\blacktriangleright$ 

received more than \$100,000 of compensation from the organization

		Statement of Revenue		•	<u> </u>	•		
		Check if Schedule O contains a response of	or note	to any line in this P	art VIII		<u> </u>	<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
SS	1a	Federated campaigns	1a			revenue		012-014
ant	b	Membership dues	1b					
J. G.	С	Fundraising events	1c					
iifts ar A	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e					
tion er S	f	All other contributions, gifts, grants,						
ibut Othe		and similar amounts not included above	1f					
ontr nd 0	g	Noncash contributions included in lines 1a-1f						
<u>0</u> 8	h	Total. Add lines 1a-1f	• • •					
e	0-			Business Code				
Revenue	2a b							
e Re	C							
Service	d							
S E	e							
Program	f	All other program service revenue	<del></del> .					
<u>a</u>	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, intere and other similar amounts) Income from investment of tax-exempt bond p	est,		48,777	48,777		
	5	Royalties		▶				
		(ı) Real		(II) Personal				
	6a	Gross rents						
		Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		•				
		Gross amount from sales of assets other than inventory	s	(II) Other				
		Less cost or other basis and sales expenses						
	C	Gain or (loss)						
<u>.</u> .		Net gain or (loss)	•••					
Other Revenue		Gross income from fundraising events (not including \$						
3e√		of contributions reported on line 1c)	_					
erl		See Part IV, line 18	. a					
o <del>t</del>		Less direct expenses	l l					
_		Net income or (loss) from fundraising events						
		Gross income from gaming activities						
		See Part IV, line 19	. а					
	b	Less direct expenses	. b					
	С	Net income or (loss) from gaming activities	••					
	10a	Gross sales of inventory, less returns and allowances	a					
	h	Less cost of goods sold						
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	<u> </u>	Business Code				
	11a	Wilselianeous Nevenue						
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
		Total revenue. See instructions		. 1	48,777	48,777	0	

# Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colur		ons must complete colu	mn (A)	1
	Check if Schedule O contains a response or note to any				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	18,348	18,348		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	800		800	
d	Lobbying				
е	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	1,188		1,188	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses litemize 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)				
a					
b					
C					
d	All all an arrange				
е	All other expenses	22.22	10.01		_
25 26	Total functional expenses. Add lines 1 through 24e .	20,336	18,348	1,988	0
40	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 following SOP 98-2 (ASC 958-720)				
	101109911114 3/0F 3/0=2 (M3/0 3/0=/2/U)				1

**Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	19,103	1	18,767
	2	Savings and temporary cash investments	40,959	2	20,961
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	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		6	
<sub>s</sub>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	200	9	200
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities	663,217	11	693,520
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	723,479	16	733,448
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
E		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here			
Ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	723,479	27	733,448
Ba	28	Temporarily restricted net assets		28	
힡	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
o s		complete lines 30 through 34.			
se	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	888 181	32	B00 110
	33	Total net assets or fund balances	723,479	33	733,448
	34	Total liabilities and net assets/fund balances	723,479	34	733,448

#### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations (	Complete Part III						
Nam	e of organization			Employ	er identification number			
CF	HILD & ADOLESCENT PSYCHOLOGY			03-02	29064			
	Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 or	ganization.			
1	Provide a description of the organization's							
2	Political expenditures			▶ \$				
3	Volunteer hours			• • • • • • • • •				
	Complete if the organ	ization is exempt under section	on 501(c)(3).					
1	Enter the amount of any excise tax incurred			▶ \$				
2	Enter the amount of any excise tax incurred			▶ \$				
3	- 11 the digenter the time to							
4a								
b	If "Yes," describe in Part IV							
		ization is exempt under section		ept section 501(c	(3).			
1	Enter the amount directly expended by the							
	activities			· · · · · · · · ▶   \$ <sub>.</sub>				
2	Enter the amount of the filing organization's							
	527 exempt function activities							
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,							
	line 17b							
4		•			🗌 Yes 📙 No			
5	Enter the names, addresses and employer	, ,						
	organization made payments For each org	•						
	the amount of political contributions receive			=				
	as a separate segregated fund or a politica	action committee (PAC)   if additional spa	ce is needed, provi	de information in Part IV				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received and			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

Sche	dule C (Form 990 or 990-EZ) 2014 CHILD & ADOLE:	SCENT PSYCHOLOG	Y		03-02290	64 Page <b>2</b>	
	Complete if the organization section 501(h)).	on is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under	
			al link in Donk IV and a	- Class d analys na analy			
A	Check  if the filing organization belongs to			amiliated group memb	ers		
_	name, address, EIN, expenses, ar						
В	Check   If the filing organization checked be						
		bying Expenditures			(a) Filing organization's totals	(b) Affiliated group totals	
	(The term "expenditures"				Organization's totals	group totals	
1a	Total lobbying expenditures to influence public op	,-	,	• • • • • • • •			
b	Total lobbying expenditures to influence a legislati	, ,	ng)	• • • • • • • •			
C	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures	• • • • • • • •					
e	Total exempt purpose expenditures (add lines 1c	• • • • • • • •					
f	Lobbying nontaxable amount Enter the amount fr	om the following table	ın both				
	columns						
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:			
	Not over \$500,000	20% of the am	ount on line 1e				
	Over \$500,000 but not over \$1,000,000		15% of the excess ov				
	Over \$1,000,000 but not over \$1,500,000		10% of the excess ov				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ove				
	Over \$17,000,000						
g	Grassroots nontaxable amount (enter 25% of line						
h	Subtract line 1g from line 1a If zero or less, enter	-0					
i	Subtract line 1f from line 1c If zero or less, enter -	0					
j	If there is an amount other than zero on either line	1h or line 1i, did the o	organization file Form	4720			
	reporting section 4911 tax for this year?					☐ Yes ☐ No	
		4-Year Averagi	ng Period Under	section 501(h)			
	(Some organizations that made a s	_	-		of the five column	s below	
	· -	• •	structions for line	-		5 D010111.	
					,		
	Lobk	ying Expenditures	During 4-Year Avera	aging Period	1 1		
	Calendar year (or fiscal year	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total	
	beginning in)	, ,	, ,		, ,	, ,	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

EEA Schedule C (Form 990 or 990-EZ) 2014

	dule C (Form 990 or 990-EZ) 2014 CHILD & ADOLESCENT PSYCHOLOGY  Complete if the organization is exempt under section 501(c)(3) and has NOT file		02290 orm 5		P	age
	(election under section 501(h)).	<b></b>	J U			
		(	a)		(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity	Yes	No	۸	mount	
		163	140		moun	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b						
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :						
i	Other activities?  Total Add lines 1c through 1i					
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
r	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d						
ü	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5). o	r sec	tion		
	501(c)(6).	(-,, -				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)					
			Darti	II-A, I	ine 3	, is
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol	≺ (b)	raiti	•		
	answered "Yes."	(a) <b>&gt;</b>				
	answered "Yes."  Dues, assessments and similar amounts from members	· ·	1			
	answered "Yes."  Dues, assessments and similar amounts from members					
2	answered "Yes."  Dues, assessments and similar amounts from members	•••	1			
2 a	answered "Yes."  Dues, assessments and similar amounts from members	•••	1 2a	,		
2 a b	answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year	•••	1 2a 2b			
a b c	answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year  Total		1 2a 2b 2c			
2 a b c	answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 2a 2b			
2 a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1 2a 2b 2c			
2 a b c	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1 2a 2b 2c 3			
2 a b c 3	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		1 2a 2b 2c 3			
b	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527 (f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1 2a 2b 2c 3			

EEA

# Tax Exempt Diagnostic Summary Same CHILD & ADOLESCENT PSYCHOLOGY Tax Exempt Diagnostic Summary Employer Identification # 03-0229064

**Demographics** 

Mailing Address: Phone: (802) 656–2661

2 COLCHESTER AVE

BURLINGTON, VT 05405-1764

Resident State: VT

**Diagnostics** 

Preparer: WILLIAM J DURKEE Invoice: Date: 09-21-2015

#### **Return Information**

Manager Button	2014	2013 Federal
Item on Return	Federal	(If available)
Total Revenue	48,777	
Total Expenses	20,336	
Net Excess (Deficit)	28,441	
Net Assets or Fund		
Balances	733,448	723 <b>,</b> 479

#### State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	<u>Refund/</u>
	<u>Revenue</u>	<b>Expenses</b>	<u>Balance</u>		<u>Tax</u>	(Balance Due)

Form	990 (2014) CHILD & ADOLESCENT PSYCHOLOGY	03-0229	064	Page 1:
	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\square$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		48,777
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		20,336
3	Revenue less expenses Subtract line 2 from line 1	. 3		28,441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	723,479	
5	Net unrealized gains (losses) on investments	. 5		(18,472)
6	Donated services and use of facilities	. 6		
7	Investment expenses	. 7		
8	Prior period adjustments	. 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		733,448
	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	. <b></b> .		$\square$
				Yes No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	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	X
h	If "Yes" did the organization undergo the required audit or audits? If the organization did not undergo the			

Form **990** (2014)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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