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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2014  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ADDISON COUNTY TRANSIT RESOURCES  Doing business as  Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 532  City or town, state or province, country, and ZIP or foreign postal code MIDDLEBURY, VT 05753	<b>D</b> Employer identification number 03-0335768  <b>E</b> Telephone number (802) 388-2287  <b>G</b> Gross receipts \$ 3,612,974
<b>F</b> Name and address of principal officer JIM MOULTON PO BOX 532 MIDDLEBURY, VT 05753		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.ACTR-VT.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1992 <b>M</b> State of legal domicile VT

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities ENHANCE THE ECONOMIC, SOCIAL AND ENVIRONMENTAL HEALTH OF THE REGION BY PROVIDING PUBLIC TRANSPORTATION SERVICES THAT ARE RELIABLE, ACCESSIBLE AND AFFORDABLE FOR EVERYONE			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		10
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		10
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>		39
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		45
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	Prior Year	Current Year
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	2,087,372	2,110,389
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	1,208,914	1,409,179
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	-6,498	-116,535
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	30,546	93,406
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>		0
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>		0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	1,352,551	1,521,071
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>		0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	<b>b</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	1,674,095	1,748,039
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	3,026,646	3,269,110
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	<b>19</b>	293,688	227,329
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	Beginning of Current Year	End of Year
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	5,478,577	5,770,000
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	<b>22</b>	806,478	870,572
			4,672,099	4,899,428

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2016-03-29 Date
	JIM MOULTON EXECUTIVE DIRECTOR Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name RANDALL L SARGENT CPA  Firm's name ▶ JMM & ASSOCIATES PC  Firm's address ▶ 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446	Preparer's signature RANDALL L SARGENT CPA  Date 2016-04-02  Check <input type="checkbox"/> if self-employed PTIN P00136499  Firm's EIN ▶ 03-0280081  Phone no (802) 655-5665

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