tostilossi nesistal

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

81361 03/19/2015 2:22 PM OMB No. 1545-0047

A	For th	e 2012 calendar year, or tax year beginning $10/01/12$, and ending $09/30/2$	13									
B	Check if a	pplicable: C Name of organization		D Empl	oyer identification number							
	Address o	tange VERMONT CARES										
	Name cha	Inge Doing Business As	Room/suite		-0307864							
$\overline{\Box}$	initial relu	Number and street (or P.O. box if mail is not delivered to street address)	'	hone number 2-863-2437								
H		P.O. BOX 5248	P.O. BOX 5248									
	Terminate				700 000							
Ц	Amanded	return BURLINGTON VT 05402 F Name and address of principal officer:	7	G Gross re	celpls\$ 799,020							
	Applicatio	PETER JACOBSEN	H(a) is this a g	roup setum foi	atiliates? Yes X No							
		P.O. BOX 5248	H(b) Are all at	filiates Includ	ed? Yes No							
		BURLINGTON VT 05402			f. (see instructions)							
_	Taxavan	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(e)(1) or 527	1		,							
4	Website		H(c) Group ex	amption num	her 🕨							
K			ear of formation; 1	The second second	M State of legal domicile: VT							
	art I	Summary										
delicate	1 E	Briefly describe the organization's mission or most significant activities:										
	1 .	VERMONT CARES WORKS FOR AND WITH VERMONTERS AFFECTED BY	Y HIV/AID	S TO P	ROMOTE							
Ĕ	1 .	WELLBEING THROUGH A CONTINUUM OF PREVENTION, SUPPORT, I	AND ADVOC	ACY								
Governance	.	SERVICES.			************							
Š	2 0	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25			1 = =							
9	3 1	lumber of voting members of the governing body (Part VI, line 1a)		. 3	10							
t es	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		. 4	10							
Activities &		otal number of individuals employed in calendar year 2012 (Part V, line 2a)			10							
AC		otal number of volunteers (estimate if necessary)			226							
		otal unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0							
	BN	let unrelated business taxable income from Form 990-T, line 34	Prior Yes		Current Year							
	8 0	Contributions and grants (Part VIII, line 1h)	752	2,572	743,824							
Revenue		Program service revenue (Part VIII, line 2g)		L, 675	42,620							
Ž	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0							
02	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,427	-3,590							
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,674	782,854							
		Prants and similar amounts paid (Part IX, column (A), fines 1-3)	104	542	121,227							
		enefits paid to or for members (Part IX, column (A), line 4)	400		0							
8	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4/3	3,211	461,337							
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ 71,436			0							
X	ЬТ	otal fundraising expenses (Part IX, column (D), ime 25) P /1, 430	173	3,486	160 417							
1004	1 17 0	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		, 239	162,417 744,981							
		evenue less expenses. Subtract line 18 from line 12		, 435	37,873							
5 8	13 1	gvenue rese expenses. Quotrato inte 10 iloni inte 12	Beginning of Curr		End of Year							
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	63	, 137	62,764							
¥	21 To	otal liablilities (Part X, line 26)	74	,341	36,095							
2,5	22 N	et assets or fund balances. Subtract line 21 from line 20	-11	,204	26,669							
-	are ar	Signature Block										
U	nder pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and statement	nts, and to the be	st of my kn	owledge and belief, it is							
un	Je, correc	at, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	·.	=105/111							
	[Signatural Color		Date	3/10/19							
Sig			מדת מנודי		•							
He	ГВ	PETER JACOBSEN EXECUT	IVE DIR	FCIOR								
		Print/Type greparer's name / Pregerer's signature //	Date /	Check	W PTIN							
Paid	. !	RANDALL L. SARGENT, CPA Randall L. Salgant, CP	-//	4 self-em	□ "							
_	neros F	THE ACCOUNTABLE DO		m's EIN	03-0280081							
	Only	336 WATER TOWER CIR STE 801	1.56	IND SHEP	_ 03 020000I							
		Firm's address COLCHESTER, VT 05446	Die	one no,	802-655-5665							
Mav		discuss this return with the preparer shown above? (see instructions)	1 11		X Yes No							
For		ork Reduction Act Notice, see the separate instructions.			Form 990 (2012)							
DAA												

1 990 (2012) VERMONT CARI	IS	03-0307864	Page 2
	am Service Accomplishment		<u></u>
		uestion in this Part III	<u></u>
Briefly describe the organization's n	ission:		
ERMONT CARES WORKS	FOR AND WITH VERM	ONTERS AFFECTED BY HI	V/AIDS TO PROM
ELLBEING THROUGH A	CONTINUUM OF PREV	ENTION, SUPPORT, AND	ADVOCACY
ERVICES.			
Did the organization undertake any	significant program services during th	e year which were not listed on the	-
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new service			
	ng, or make significant changes in ho	w it conducts, any program	
services?			Yes X No
If "Yes," describe these changes on	Schedule O.	· · · · · · · · · · · · · · · · · · ·	
		its three largest program services, as meas	ured by
		eport the amount of grants and allocations to	
	iny, for each program service reported		, опісіз,
the total expenses, and revenue, in	my, for each program service reporter	1.	
(D)	E1 000 including cont) /Pausaus	<u> </u>
(Code:) (Expenses \$	51,099 including grants	s of\$ (Revenue	
REVENTION - VERMON	T CARES PROVIDES E	DUCATION AND PREVENTION	N INFORMATION
		VIDUALS AS REQUESTED,	AS WELL AS
RESENTATIONS, HIV	TESTING, AND SYRIN	GE EXCHANGE.	
• , , , , , , , , , , , , , , , , , , ,			

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G1 1 1 4 G 10 1 1 10 38 G 10 10 10 10 10 10 10 10 10 10 10 10 10		AND	
March 1988 - March March 1998 - 1998 - 1998	10.000		
		V	
(Code:) (Expenses \$	421 (227 moduling grants	of 121, 227) (Revenue	1
(Code:)(Expenses LIENT ASSISTANCE -			* ::::::::::::::::::::::::::::/
	E TO PEOPLE WITH A		***********************
INANCIAL ADDIDIANC	• • • • • • • • • • • • • • • • • • • •		
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VEX			
(300			
ETT			
Code:) (Expenses \$	455,116 including grants	of\$) (Revenue \$	3
RECT SERVICES- VI	CARES PROVIDES SO		ADVOCACY.
RANSPORTATION, AND		E TO HELP VERMONTERS W	TTH HTV/ATDS
TNTATH HEALTH AND	SOCIAL CONNECTEDN	ESS	**************************************
THIATH IIIABIII AND	DOCTAL COMMECTEDIA		**********
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553	(c (c		
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	20.00	- 100	**************************************
(#*·····			
Other program services. (Describe in	Schedule ()		-
	including grants of\$) (Revenue \$	١
Expenses \$) fizeverine &	
Fotal program service expenses 🕨	627,442		

Form 990 (2012) VERMONT CARES Part IV Checklist of Required Schedules

complete Schedule A 1				Yes	No
2 Is the organization required to complete Schedule 6. Schedule of Contribution (see Instructions)? 2 X Did the organization control inflored or inflored conflored controlled companies activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 5 Section 801(c)(3) organization as exclore 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membrarish dues, assessments, or aimlar amounts as defined in Revenue Procedure 95-19? If "Yes," complete Schedule C, Part II 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membrarish dues, assessments, or aimlar amounts as defined in Revenue Procedure 95-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 conditions, and the part X, line 10(1) in the part X, line 10(1) in the organization report an amount for introl and advised membranish in the part X in the part X, line 10(1) in the organization organization and an amount for insentition of the accounts of the part X, line 10(1) in the organization is school and an amoun	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1	
3 Dit the organization engage in littler of unlimet political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying advivities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization assection 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membariship dues, assessments, or almitar amounts as defined in Revenue Procedure 56-159? If "Yes," complete Schedule C, Part III 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 II 7 Did the organization receive or hold a conservation or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collicitions of works of art, historical researues, or other similar assess? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collicitions of works of art, historical researues, or other similar assess? If "Yes," complete Schedule D, Part II 9 Did the organization neol listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrowing	2		. 1		-
acandidates for public office? If "Yes," complete Schedule C, Part I 8-section 50*(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50*(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II I site the organization a section 50*(c)(4), 50*(c)(6), 60*(c)(6), 60*(c)(6), 60*(c)(6), 60*(c)(6); 6		Did the organization engage in direct or indirect political compaign activities on behalf of as in appealing to	2	<u>X</u>	-
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If Year, complete Schedule C, Part II 5 is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberahip dues, assessments, or similar amounts as defined in Revenue Procedure 96-919? If Year, complete Schedule C, Part III 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 Year, complete Schedule D, Part III 7 Did the organization resolves or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If Year, complete Schedule D, Part III 8 Did the organization report on amount in Part X, inc 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide oradit counseling, debit management, credit repair, or debt negotition services II Year, complete Schedule D, Part III 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 oradit counseling, debt management, credit repair, or debt negotition services II Year, complete Schedule D, Part V 10 Did the organization directly or through a related organization, hold essets in temporarily restricted endowments, permanent endowments, or quast-endowments? If Year, complete Schedule D, Part V 11 If the organization's answer to any of the following questions is Year. The complete Schedule D, Part V 12 Did the organization senter to an amount for inferentiation of the Year, the part X, like 12 ball is 5% or more of its total assests reported in Part X, line 16? If Year, complete Schedule D, Part V VIII VIII, IX, or X as applicable. 13 Did the organization report an amount for other	·	candidates for public office? If "Yes." complete Schedule C. Part I			.
election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 50°(10(4), 50°(10(5)) or 50°(10(5)) or 50°(10(5)) or 50°(10(5) or 50°(10(5)) or 50°(10(5)) or 50°(10(5) or 50°(10(5)) or 50°(10(5)) or 50°(10(5) or 50°(10(5)) or 50°(10(5)) or 50°(10(5) or 50°(10(5)) or 50°(10(4		3	-	X
s le 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 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V III Did the organization assets or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III III III III III III III III III		election in effect during the tax year? If "Yes " complete Schedule C. Part II	1	🔻	
assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III 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 II 7 Did the organization receive or hold a conservation assement, including easemants to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts on listed in Part X; or provide ordict counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts on listed in Part X; or provide ordict counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V, or bid the organization report an amount for linewise dramatics, or the services of the strain of the organization report an amount for investment of the services in temporarily restricted endowments, permanent endowments, or qual-endowments? If "Yes," complete Schedule D, Part V, VI, VII, VII, VII, X or X as application. 9 Did the organization report an amount for investments—problem securities in Teart X, line 10° If "Yes," complete Schedule D, Part V, VI, VII, VII, VII, X or X as applicated. 10 Did the organization report an amount for other assets in Part X, line 10° If "Yes," complete Schedule D, Part X organization report an amount for other assets in Part X, line 10° If "Yes," complete Schedule D, Part X organization report an amount for other assets in Part X, line 10° If "Yes," complete Schedule D, Part X organization report an amount for other asse	5		-	 ^	┼──
Part III B 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 II Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization proport 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 dabt negotiation services? If "Yes," complete Schedule D, Part V II Did the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III If the organization services? If "Yes," complete Schedule D, Part V III III the organization and any of the foliationing questions is "Yes," then complete Schedule D, Part V III III III III III III III III III		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
b Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 Told the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Told the organization report an amount in Part X, line 21, for escrive 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, permanents, p		Part III	5		x
Pyss," complete Schedule D, Part I 1 Did the organization conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 2 Did the organization maintain collections of works of art, historical treasures, or other similar easests? If "Yes," complete Schedule D, Part III 3 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, doth management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 3 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 3 Did the organization report an endowments of quasi-endowments? If "Yes," complete Schedule D, Part V 4 If I'the organization report an endown for land, billidings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 5 Did the organization report an endown for land, billidings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 6 Did the organization report an amount for herestheate. Other secures in fart X, line 12 total is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 7 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 8 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 9 Did the organization report an amount for other labelities in Part X, line 15 that is 5% or more of list total assets the organization report an amount for other labelities in Part X, line 16? If "Yes," complete Schedule D, Part	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1
The programment of 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 bid the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part II 8 bid 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 bid the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 lift the organization services or any of the following questions is "Yes," then complete Schedule D, Part V 10 lift the organization report an amount for investments—other securities in Eart X, like 12 that is 5% or more of its total assets reported in Part X, line 16 ff "Yes," complete Schedule D, Part V 11 lib Did the organization report an amount for investments—other securities in Eart X, like 12 that is 5% or more of its total assets reported in Part X, line 16 ff "Yes," complete Schedule D, Part VI 11 lib Did the organization report an amount for other assets in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16 ff "Yes," complete Schedule D, Part VI 11 lib Did the organization report an amount for other assets in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16 ff "Yes," complete Schedule D, Part X 11 lib Did the organization separate or consolidated financial statements for the tax year? If "Yes," and if the organization separate or consolidated financial statements for the tax year? If "Yes," and if the organization separate or porsolidated financial statements for the tax year? If "Yes," and i					l
bit the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 79 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 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 If the organization report an amount for land, biblidings, and equipment in report an endowments answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 Did the organization report an amount for intestrects— Other securities in fart X, line 10° If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for intestrects— Other securities in fart X, line 10° If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for intestrects— Other securities in fart X, line 10° If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 25° If "Yes," complete Schedule D, Part X 110 Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X 110 Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X 110 Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 110 Did the o			6		х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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, in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 27 Part IV 9 10 Did the organization, decidly or through a related organization, hold assets in temporarity restricted endowments, or quesi-endowments? If "Yes," complete Schedule D, Part V 1 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V VI, VII, VII, X, or X as applicable. 10 Did the organization report an amount for investments—other securities in "part X, line 10" if "Yes," complete Schedule D, Part V II 11 III X III III X III III III III I	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
complete Schedule D, Part III 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 courseling, debt management, credit repair, or debt negotiation services? If Yes," complete Schedule D, Part IV Did the organization report an encount for a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes," complete Schedule D, Part VI If the organization is answer to any of the following questions is "Yes," complete Schedule D, Part VI VII, VIII, K, or X as applicable. Did the organization report an encount for land, billidings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part VI Did the organization report an amount for linestrients—other securities in Part X, line 107 if "Yes," complete Schedule D, Part VI Did the organization report an amount for linestrients—other securities in Part X, line 107 if "Yes," or of its total assests reported in Part X, line 167 if "Yes," complete Schedule D, Part VI 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 167 if "Yes," complete Schedule D, Part VI Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X 116 Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X 117 Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X 118 Did the organization or part X is one of the schedule of financial statements for the tax year? If "Yes," complete Schedule D, Part X 119 Did the organization orban assertate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 119 Did the organization assertant		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 22a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 13 Is the organization as school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 15b 16c 17d 18b 18c 19c 19c 19c 19c 19c 19c 19c	8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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Da Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a	-	If "Ves " complete Schedule C. Part III			3.5
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	0a	Did the approximation appears one as many hopering for stilling to the state of the			<u>X</u>
				\dashv	<u>X</u>
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Form 990 (2012) VERMONT CARES

Part IV Checklist of Required Schedules (continued)

	attiv Checkist of Required Schedules (Conditional)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
21	in the United States 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 and other assistance to individuals in the United States	41		_
~~	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	22		-
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_v
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		x
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	270		
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	270	\neg	_
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
_	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	ı	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	200	\neg	-21
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	- 1	X
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	- 1	X
28	Was the organization a party to a targetess transaction with one of the following parties the Schedule L.			8035
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):			-7-
а	A current or former officer, director, trustee, or key employ of "If "Yes," complete Squadule L. Part IV	28a		X
b	A family member of a current of former officer, director, bustee, or law every lee? If "Yes," complete			
	Schedule L, Part IV	28b	- 1	X
C	An entity of which a current or former officer, director, trustee; or key employee for 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		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	- 1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	1	X
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		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
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		Т	
	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		X
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	x	
			oon.	

	Check if Schedule O contains a response to any question in this Part V			<u> [</u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	Yes	N
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 6 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	9.71,800	v	N/CS
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	X	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3a	Did the organization have unrelated business group income of \$1,000 as more during the unarth	3a	-1/2:04	2
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	30	 	┿
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ı
	Citationee	4a] 2
b	If "Ves" enter the name of the foreign country	-94I	DJex	115
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the progration a party to a prohibited tay chalter transaction at any time during the tay year?	5a		X
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 "Ves" to line 5a or 5b, did the organization file Form 8886-T2	5c	\vdash	╁
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	3C	 	╁╌
	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	oa		1-
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	700	0.554	Q Q
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			7-d=
_	and services provided to the payor?	7a	X	-
b	If "Yes," did the organization notify the doner of the value of the goods or services previded?	7b	X	\vdash
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1/6	Δ.	\vdash
•	required to file Form 8282?	70		v
ď	If "Yes," indicate the number of Forms 3282 filed during the year 7d	7c		X
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	FN (See)	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	1		III.
9	Sponsoring organizations maintaining donor advised funds.	8	2010	100
a	Did the except ration make any toyoble distributions under costion 40662	11.530	7-2-243	4.10
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		_
0	Section 501(c)(7) organizations. Enter:	9b		FEE I
	Initiation fees and capital contributions included on Part VIII, line 12	i petivali	y.	
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		47.	- 1
	Section 501(c)(12) organizations. Enter:			W.
		35,01		
a L	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources			
	and the survey of the survey to all from the survey of the			
	against amounts due or received from them.)	-	1779	
	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		34	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.		.	
	Enter the amount of reserves the organization is required to maintain by the states in which			٠.
	the organization is licensed to issue qualified health plans			49
	Enter the amount of reserves on hand	7.0		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	

For	n 990 (2012) VERMONT CARES 03-0307864		ı	Page (
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O. See	instr	uctio
	Check if Schedule O contains a response to any question in this Part VI			X
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 10			
	If there are material differences in voting rights among members of the governing body, or	151		
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10		1 3	
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			
	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,			
	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 folk	wing:	1	
2	The governing body?	8a	X	
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			
_	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 Rever	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, blanches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and precedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
_	Has the organization provided a complete copy of this Form \$90 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			FOIR
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	X	
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	X	
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			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1170	
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			4
	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	5.5		
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ▶ NONE		100	
8	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.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
_	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. State the name, physical address, and telephone number of the person who possesses the books and records of the			

187 ST. PAUL STREET

VT 05402

BURLINGTON

organization: ▶ PETER JACOBSEN

	12) VERMONT CARES	03-0307864	Page 7
Part VII	Compensation of Officers, I	Directors, Trustees, Key Employees, Highest Compensated En	nployees, and
	Independent Contractors		
	Check if Schedule O contains	s a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key	Employees, and Highest Compensated Employees	
		Reded Day 4	

- 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.

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, uni	Po check ess p	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	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)MARIE THRESHER	2.00		3,-	11210	3.4					
DIRECTOR (2) CHARLOTTE MCCOR	0.00	X			1.2		1	0	0	0
CHAIR	2.00	x		x	e de la			0	0	0
(3) NICOLE JUNJULAS	I									
DIRECTOR	2.00	x						0	0	0
(4) JACE SHEPPARD										
VICE-CHAIR	2.00	х		х				0	0	0
(5) DANA MERCIER	2 22									
DIRECTOR	2.00	X						0	0	0
(6) SARAH HOFFERT							ヿ			0
DIRECTOR	2.00	Х						0	0	0
(7) KIM DUELL	0.00				ı					
TREASURER	2.00	х		x				0	0	. 0
(8) MIKE SCHULTZ										
SECRETARY	2.00	х		x					o	0
(9) JERRY LARRABEE,	MD			П		T	П			
DIRECTOR	2.00	х							0	0
(10)DIANE NORTHROP							П			
DIRECTOR	2.00	$ \mathbf{x} $						0		^
(11) PETER JACOBSEN			\dashv	_	\dashv	+	\forall		0	0
	40.00		- 1							
EXECUTIVE DIRECTOR DAA	0.00			X				69,031	oĺ	10,448

Part VII Section A. Officer (A) Name and title	(B) Average hours per week (list any hours for	(d bo off	o not x, unic	Pos check ess po nd a c	(C) sition more erson directe	than is bot or/trus	one h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
_	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)										
(13)										
(14)										
(15)										,
(16)										
(17)										
(18)					320		Å	Company Company		
(19)					A. A. T.					
1b Sub-total	ets to Part VII,	Sec	tion	Α				69,031 69,031		10,448
Total number of individuals (in reportable compensation from	cluding but not	limit	ed to	o the	se l	stec	abo	ove) who received more the	nan \$100,000 in	10,448
3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization.	ormer officer, di complete Sche e 1a, is the sum	recto	or, or	r su table	ch ir e co	divi mpe	dual nsat	ion and other compensati	on from the	yes No
individual 5 Did any person listed on line 1 for services rendered to the on	a receive or acquaic anization? If "	crue	com	ipen	satio	n fro	om a	any unrelated organization J for such person	or individual	4 X
Section B. Independent Contractor Complete this table for your five compensation from the organization	e highest comp zation. Report c	ens	ated ensa	inde ation	epen for	deni	con	ntractors that received mondar year ending with or w	re than \$100,000 of vithin the organization's ta	ax year.
Name and b	A) usiness address					+		Description	B) in of services	(C) Compensation
						1				
						\downarrow				
				_		+				
Total number of independent or received more than \$100,000 or	ontractors (inclused compensation	uding	but n the	not e ord	limit ganiz	ed to	o tho	ose listed above) who	0	

	Check if Schedule			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	a Federated campaigns	1a	6,677	Test resemble			
<u> </u>	b Membership dues	1b					
ST A	c Fundraising events	1c	43,983				
	d Related organizations	1d		。2.是约10元前,首日			1 2 4 7 7 7 1 2
	Government grants (contributions)	1e	587,390				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	105,774				
	g Noncash contributions included in lines 1a		103,774				
Contributions, and Other Sim	h Total. Add lines 1a-1f	*****		743,824			e reading and water and
2	,,,,,,		Busn. Code	lest Extension in the			
Program Service Revenu	SERVICE FEES		541700	42,620	42,620		
œ	b						
울	c						
န္တ	d						
	₽ _⊊						
[일	f All other program service reve						
	g Total. Add lines 2a-2f			42,620		(C11,745) BS	esta percentinadan
3							İ
12	Income from investment of tax Royalties	•					
5	Royalties(i) Real		Personal		district to the second by one of		
6		(11)	T COMMAND				
	30						
					A ST ARCHY	The gott the	
		10	1 1 1 1	A STATE OF THE STA	A STATE OF THE STA	विकेश्वर १५ (च्.स.) इंग्लंड (इस्ट) इंग्लंड (इस्ट) ११	(၁၀ နာ ဖြူပညာ၏ ရိုင်းပေါင် မြော်ကြသည်။ (၂၈၈)
	Gross amount from (i) Securities	(i) Other	A Million Co.	e de la martina de la companie de la		
	sales of assets other than inventory						
E						rijadaja ir paradoks.	กลุ่งเป็นสัสเตรียน
	basis & sales exps						
	Gain or (loss)						
d	Net gain or (loss)						and the same of the same
್ತ 8a	Gross income from fundraising even						
	(not including \$ 43,98						
	of contributions reported on line 1c).			2700 th 1 1200			
	See Part IV, line 18	a	4,725				
¬ I	Less: direct expenses	b	16,166				Called to Vicasian
C	Net income or (loss) from fund		s	-11,441			-11,441
9a	Gross income from gaming activities						
Ι.	See Part IV, line 19	a					
	Less: direct expenses	D					2 11 2 11 -
	Net income or (loss) from gami	ng activities		THE PROPERTY OF MICHIGAN STATE			
TUE	Gross sales of inventory, less returns and allowances						Section (Asset)
	Less: cost of goods sold	a		A. A. Carrier			
	Net income or (loss) from sales						
1	Miscellaneous Revenue	OF HIVEHIOLY	Busn. Code				
11a			519100	7,851	7,851		
b	* * * * * * * * * * * * * * * * * * * *			.,	.,001		
C							
d	***						
е	Total Add Boss 44s 44d			7,851	14 15 L		
	Total revenue. See instructions			782,854	50,471		

Form 990 (2012) VERMONT CARES
Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a rea	st complete all columns.	All other organizations mu	st complete column (A).	
	o not include amounts reported on lines 6b b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1				general expenses	CAPORISES
	organizations in the U.S. See Part IV, line 21				
2	111				
	the U.S. See Part IV, line 22	121,227	121,227		
3	Grants and other assistance to governments				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16		<u> </u>		the control of the base of the same
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	77,985	46,011	14,817	17,157
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	297,854	249,141	17,585	31,128
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	49,253		2,833	5,173
10	Payroll taxes	36,245	28,895	3,004	4,346
11	Fees for services (non-employees):				
а	Management				
b					
C	Accounting	6,601	The state of the s	330	743
đ	Lobbying	7,500	6,281	375	844
8	Professional fundraising services. See Part IV, line	7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of the 25, column				
	(A) amount, list line 11g expenses on Schedule (C.)	9,753	8,168	488	
12	Advertising and promotion	4,195	3,513	210	472
13	Office expenses	24,847	20,500	1,825	2,522
14	Information technology				
15	Royalties	40.004	0.7.0.7.0		
16	Occupancy	42,094	35,253	2,105	4,736
17	Travel	17,054	16,017	386	<u>651</u>
18	Payments of travel or entertainment expenses	•			
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 002	2 (02		4.55
20	Interest Payments to officiates	3,083	2,692	29	362
21 22	Payments to affiliates Depreciation, depletion, and amortization	5,164	4 225	0.50	501
23		13,326	4,325 11,161	258 666	581
24	Insurance Other expenses. Itemize expenses not covered	13,320		000	1,499
24	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.)				
•	PROGRAM SUPPLIES	14,283	14,283	24,002,2011	
h	CLINICAL TRIAL FEES	6,060	6,060		
C	STAFF DEVELOPMENT	3,077	2,008	1,069	
d	MISCELLANEOUS	3,051	2,803	123	100
	All other expenses	2,329	2,329	143	125
	Total functional expenses. Add lines 1 through 24e	744,981	627,442	46,103	71 426
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	733,301	027,112	40,103	71,436
DAA	10110WITIN GOT 30-2 (MGC 300-120)	 			

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year Cash—non-interest bearing 9,829 13,011 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 46,140 3 34,570 Accounts receivable, net 4 8,404 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 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 Notes and loans receivable, net 7 Inventories for sale or use B Prepaid expenses and deferred charges 2.000 9 2,000 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10b 116,629 111,850 5,168 10c 4,779 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 Total assets, Add lines 1 through 15 (must equal line 34) 16 63,137 16 62,764 Accounts payable and accrued expenses 17 **3**6,281 17 Grants payable 18 18 19 Deferred revenue 21,060 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 17,000 23 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 74,341 26 36,095 Organizations that follow SFAS 117 (ASC 958), check here ►X and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets -30,204 <u>7,669</u> Temporarily restricted net assets 19,000 28 or Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances -11,20433 26,669 Total liabilities and net assets/fund balances 63,137 62.764

Fon	m 990 (2012) VERMONT CARES 03-0307864			Pa	ige 12
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	82,	854
2	Total expenses (must equal Part IX, column (A), line 25)	_2			981
3	Revenue less expenses. Subtract line 2 from line 1	3			873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			204
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		26.	669
Pa	art XII Financial Statements and Reporting			_ + ,	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		THY	724	117
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		200		,
	Schedule O.			335	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	. 152		1100	17
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			4.6	
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		43.70	bild?	
	separate basis, consolidated basis, or both:			100	
	X Separate basis Consolidated basis Soth consolidated and separate basis				
C	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		0,000	1000	100
	Schedule O.				100
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	- 1	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		· (1)		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2012)

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.

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

OMB No. 1545-0047

Employer identification number

03-0307864

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

2

10

VERMONT CARES

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II 6 Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

		. 000011000 III (I) 01 (II) 85046:							1119(80)
h Provide the	following information abou	t the supported organization(s)						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) I	organization isted in your document?	the organicol. (i)	ou notify nization in of your port?	organiza (i) organi	is the tion in col. ized in the S.?	(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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 in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 628.731 722,022 722,090 752,572 3,569,239 743,824

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 3 628,731 722,022 722,090 752,572 743,824 3,569,239 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 3,569,239 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 628,731 722,022 722.090 752,572 743,824 3,569,239 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 15 F 15 医性乳囊性 医 is regularly carried on Other income. Do not include cain or loss from the sale of capital assets (Explain in Part IV.) 74.270 -7.310 -3,996 -11,44146,835 Total support. Add lines 7 through 10 3,616,074 Gross receipts from related activities, etc. (see instructions) 12 76,778 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 2012 (line 6, column (f) divided by line 11, column (f)) 98.70% Public support percentage from 2011 Schedule A, Part II, line 14 15 15 96.31% 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

instructions

Schedule A (Form 990 or 990-EZ) 2012

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

		\-/\-/	
(Complete c	valv if you abaakad the have en	line 9 of Part I or if the organization	- 5 11 1 4 125 1
	miv ii vou checkeu the oox or	Hitle 9 of Part I of it the organizati	on talled to dilality linder Dart II.
V =	, , , , , , , , , , , , , , , , , , , ,	mie e et i dit i ei ii die eiganizati	on failed to quality drider Falt II.
If the event	madiam daile de eveliñ des de	e tests listed helow please compl	
II ine oroani	zalion talls to quality Under th	e tests listed helow hieses compl	ata Dart II \

Se	ection A. Public Support			20.011, piod	co completo i	uit II.)	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					,,,,,,,,,,	,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	provincial			i kanana kanana		
Sec	line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		/(2000)		(G/ Z-) 1	(6) 2012	(I) IOIAI
10a	Gross income from interest, dividents, payments received on securities loans, rents, royalties and income from similar sources .		V.		and the same of th		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the		st, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stop her						▶ □
	tion C. Computation of Public Su						
15	Public support percentage for 2012 (line 8	, column (f) divide					%
16_Sec	Public support percentage from 2011 Schettion D. Computation of Investme			,			%_
17				(2) polymer (0)			
18	Investment income percentage for 2012 (li investment income percentage from 2011	Schedule A. Pari					%
19a	33 1/3% support tests—2012. If the organ			ne 14 and line 15	is more than 22	1/3% and line	%
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests—2011. If the organ	nization did not c	heck a box on line	14 or line 19a. a	nd line 16 is more	than 33 1/3% an	d
	line 18 is not more than 33 1/3%, check thi	is box and stop h	ere. The organiz	ation qualifies as a	a publicly support	ed organization	▶ □
			_	or 19b, check this			········ ′ 🖳

Schedule A Part IV	(Form 990 or 990	0-EZ) 2012 VERMO Intal Information.	NT CARES	nart to provi	de the evolens	03 - 03 0 7	7864	Page 4
	Part II, line instructions	: 17a or 17b; and f	Part III, line 12	. Also comple	ete this part for	any additional inf	ormation. (See	
PART	II, LINE	10 - OTHER	INCOME I	DETAIL				
SPECI	AL EVENT	INCOME		\$	46,83	5		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2012

_VERMONT_CARI	ES	03-0307864
Organization type (check	k one):	100 0307004
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	
instructions.	c)(7), (8), or (10) organization can check boxes for both the General Rule an	d a Special Rule. See
General Rule		I. Say
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 c	or more (In money or
property) from any	one contributor. Complete Parts I and II.	· var cu
Special Rules	E.V. SELECTION AND ADMINISTRATION OF THE PROPERTY OF THE PROPE	100
X For a section 501(c	e)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support tes	t of the regulations
under sections 509	(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the	year, a contribution of
Complete Parts I ar	5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form and II.	990-EZ, line 1.
For a section 501(c	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a	nv one contributor
during the year, tota	al contributions of more than \$1,000 for use exclusively for religious, charital	ole, scientific, literary,
or educational purp	oses, or the prevention of cruelty to children or animals. Complete Parts I, II	, and III.
For a section 501(c))(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a	ny one contributor,
during the year, con	ntributions for use exclusively for religious, charitable, etc., purposes, but the	se contributions did
vear for an exclusive	an \$1,000. If this box is checked, enter here the total contributions that were ely religious, charitable, etc., purpose. Do not complete any of the parts unle	received during the
applies to this organ	nization because it received nonexclusively religious, charitable, etc., contrib	utions of \$5.000 or
more during the yea	ar	> \$
Caution. An organization th	nat is not covered by the General Rule and/or the Special Rules does not file	Schedule B (Form 990
990-EZ, or 990-PF), but it m	nust answer "No" on Part IV, line 2 of its Form 990; or check the box on line	H of its Form 990-EZ or on
raiti, iiie 2 01 its rorm 990	PF, to certify that it does not meet the filing requirements of Schedule B (Fo	orm 990, 990-EZ, or 990-PF).
For Paperwork Reduction Ac	t Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

81361 07/22/2014 8:57 AM Page 1 of 1 of Part ! Schedule B (Form 990, 990-EZ, or 990-PF) (2012) **Employer identification number** Name of organization VERMONT CARES 03-0307864 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (b) (c) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. BURLINGTON HOUSING AUTHORITY Person <u>. 1</u>.... 65 MAIN STREET Payroll \$ 50,292 Noncash BURLINGTON VT 05402 (Complete Part II if there Is a noncash contribution.) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2.... CVOEO Person PO BOX 1603 **Payroll** \$ 27,282 Noncash BURLINGTON (Complete Part II if there is a noncash contribution.) (b) (c) (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. VT HOUSING AND CONSERVATION BOARD . 3.... Person 149 STATE STREET Payroli 129,476 Noncash MONTPELIER 05602 (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. VERMONT DEPARTMENT OF HEALTH 4 Person 108 CHERRY STREET - DRAWER 41 **Payroll \$** 375,455 Noncash BURLINGTON VT 05401 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Person
Payroll
Noncash

Total contributions

No.

Type of contribution

(Complete Part II if there is a noncash contribution.)

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate Instructions.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 (Lobbylng 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Na	ne of organization			Employer identific			
	VERMONT CARES			03-0307	864		
	rt I-A Complete if the organization is ex	<u>cempt under section 50</u>	1(c) or is a se	ction 527 organ	ization.		
1	Provide a description of the organization's direct and is			-			
2							
3	Volunteer hours	• • • • • • • • • • • • • • • • • • • •					
Pa	t I-B Complete if the organization is ex	empt under section 50	1(c)(3).				
1	Enter the amount of any excise tax incurred by the org	anization under section 4955		▶\$			
2	Enter the amount of any excise tax incurred by organize	cation managers under section	4955	2 4			
3	2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No.						
4a		***************************************					
<u>b</u>	If "Yes." describe in Part IV.	CONC. ATT. IN	PAGESTANISM Review No.				
	t I-C Complete if the organization is ex	empt under section 50	(c), except s	ection 501(c)(3).			
1	Enter the amount directly expended by the filing ergani	zation for section 527 exempt	function				
	activities Enter the amount of the filing organization's funds cont			▶ s			
2	Enter the amount of the filing organization's funds cont	ributed to other organizations	or section	\$			
	527 exempt function activities			2			
3	Total exempt function expenditures. Add lines 1 and 2.	Enter here and on Form 1120	-POL.	····	***************************************		
	line 17b		·	▶ \$			
4	Did the filing organization file Form 1120-POL for this	vear?	• • • • • • • • • • • • • • • • • • • •		Yes No		
5	Enter the names, addresses and employer identification	n number (EIN) of all section 5	27 political organi	zations to which the	Lies Like		
	organization made payments. For each organization lis	ted, enter the amount paid from	n the filing organi:	zation's funds. Also o	ning stor		
	the amount of political contributions received that were	promptly and directly delivered	to a senarate no	litical organization as	inter		
	as a separate segregated fund or a political action com	mittee (PAC) If additional ena	re is needed prov	rido information in De	JCII		
	(a) Name	(b) Address					
	(e) reline	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and		
				funds. If none, enter -0-,	promptly and directly		
					delivered to a separate		
					political organization. If		
743					none, enter -0		
(1)							
(2)		!					
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4)							
5)							
_							
6)							
or Don	proof Badustian Act Notice are the Instructions for Early 000 or 00	A ER					

Sche		NT CARES				03-0307864	Page 2
	art II-A Complete if the organ	ization is exe	mpt under sec	tion 5	01(c)(3) and	filed Form 576	8 (election under
•	section 501(h)).	P - 1 - 1 - 1 4 -	PPI (I .		LPAT D. A	13 / to - FEP - 4	
A	Check ▶ ☐ if the filing organiza name, address, EIN						d group member's
B	Check ▶ ☐ if the filing organiza						
0				u con	tior provision		73-3 A 8000 - 1 - A
	Limits on Lot (The term "expenditures" (obying ⊏xpeni means amount	ultures s paid or incurre	d.)	o	(a) Filing ganization's totals	(b) Affiliated group totals
14	a Total lobbying expenditures to influence						
ï	b Total lobbying expenditures to influence						
	c Total lobbying expenditures (add lines 1						
	d Other exempt purpose expenditures						
•	Total exempt purpose expenditures (add						
	f Lobbying nontaxable amount. Enter the						
	columns.		·				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:				
	Not over \$500,000	20% of the amount of	n line 1e.		77.03	as disalgual stell	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% c	f the excess over \$500,0	00.	11 (1)		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000,	000.			The time step of the William
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,0	00			SHESHWEI SHEETING
	Over \$17,000,000	\$1,000,000.			3-90	OH ROLL ST.	
_	Grassroots nontaxable amount (enter 25						
	Subtract line 1g from line 1a. If zero or le						
	i Subtract line 1f from line 1c. If zero or les						
į	j If there is an amount other than zero on						
	reporting section 4911 tax for this year?		·			· · · · · · · · · · · · · · · · · · ·	Yes No
			ng Period Und			ne settlem for	
	(Some organizations that	made a secti	on 501(h) elect	ion do	not have to	complete all o	f the five
	columns belo	w. See the ins	tructions for li	nes 2	a through 2f	on page 4.)	
	Lobby	ing Expendit	res During 4-	ear A	veraging Pe	ded	
_	(%	70 0			tvoidging i o		
	Calendar year (or fiscal year beginning in)	(a) 20 09	(b) 2010		(c) 2011	(d) 2012	(e) Total
	beginning in)	(-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-)	(-,	(6)
2 a	Lobbying nontaxable amount		1				1
lb	Lobbying ceiling amount						44.
	(150% of line 2a, column(e))						Ly
_	: Total lobbying expenditures						
	. Jan. 1000 Jing orpalisation			-			
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))				Este and high	FIRME THE	-17
						-	

f Grassroots lobbying expenditures

Sched		0307				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).					
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(8	1)	(b)	
	cription of the lobbying activity.	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local			15158		
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:	110			Was.	
	Volunteers?		X			
	Paid staff or management (Include compensation in expenses reported on lines 1c through 1i)?		Х			
	Media advertisements?	.	X			
d	Mailings to members, legislators, or the public?	\cdot	X			
e	Publications, or published or broadcast statements?		X			
7	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	X	Α		7	<u> </u>
9	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		_/,	<u>500</u>
"		·	X			
i	Other activities? Total. Add lines 1c through 1i		21		7	500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		-/-	500
b	If "Yes," enter the amount of any tax incurred under section 4912	11 253	100 V			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				100	Jan.
	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)	(5), c	or section		
	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		
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	till-B Complete if the organization is exempt under section \$01(c)(4), section	501(c)(5), c	or section		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	0," UH	(D)	IT Part III-A	A, III	le 3, k
1	Dues, assessments and similar amounts from members	— Т	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		Tart.			
_	political expenses for which the section 527(f) tax was paid).					
2	Current year	ľ	2a			
	Carryover from last year		2b			
	T-4-1		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1904	3			
4	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		CVS			
	and political expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5			
Acres de la companya del companya de la companya del companya de la companya de l	IV Supplemental Information					
	elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A	\ (affiliate	ed ara	oup		
	Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	(() () ()	- g			
7.						
SC	HEDULE C, PART II-B, LINE 1					
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Schedule C (Form 9	90 or 990-EZ) 2012	VERMONT	CARES			03-0307864	Page 4
Part IV	Supplementa	I Information	(continued)		· · · · · · · · · · · · · · · · · · ·		T ugo u
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047 Open to Public

► Attach to Form 990. ► See separate instructions. Inspection Name of the organization Employer Identification number VERMONT CARES 03-0307864 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation casements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2c historic structure listed in the National Register

Number of conservation easements modified, transferred, refeased, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Sch	edule D (Form 990) 2012 VERMONT				03-0307864	Page 2
P	art III Organizations Maintai	ning Collections	of Art, Historica	al Treasure	s, or Other Simil	ar Assets (continued
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and other rec	ords, check any of the	e following tha	t are a significant use	of its
а	Public exhibition	d 🗍	Loan or exchange p	rograms		
b	Scholarly research	e				
C	Preservation for future generations		***************************************			•
4	Provide a description of the organization	's collections and exp	lain how they further	the organization	on's exempt purpose	in Part
	XIII.	•	,			
5	During the year, did the organization so	icit or receive donatio	ns of art, historical tr	easures, or oth	er similar	
	assets to be sold to raise funds rather th	an to be maintained a	as part of the organiz	ation's collection	n?	Yes No
P	art IV Escrow and Custodial	Arrangements. (Complete if the o	rganization a	answered "Yes" t	o Form 990 Part IV
	line 9, or reported an am					
1a	Is the organization an agent, trustee, cu				sets not	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:		• • • • • • • • • • • • • • • • • • • •	[] 165 [] NO
-		The complete the	rememing azzio.			Amount
C	Reginning halance				40	Anount
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u	Additions during the year			(33333)3	1d	
	Distributions during the year					
7	Ending balance	- F 000 D- 134		* * * * (()) * * * * * * * * * * * * * *		
Za	Did the organization include an amount	on Form 990, Part X, I	ine 21?			Yes No
b	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation has be	en provided in I	Part XIII	
Pi	art V Endowment Funds. Co					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three year	s back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and	A STATE OF STATE OF	1.	Ottografie 1	THE STATE OF THE S	
	losses					
d	Grants or scholarships		6 4	diameter (
e	Other expenditures for facilities and				1	
	programs					
f	Administrative expenses					
	End of year balance				,	
2	Provide the estimated percentage of the	current year end bala	nce (line 1g. column	(a)) held as:		
а	Board designated or quasi-endowment	%	, ,	. ,,		
b	Permanent endowment ▶ %	,				
C	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c s	hould equal 100%.				
3a	Are there endowment funds not in the po		ization that are held :	and administer	ed for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations	***************************************		• • • • • • • • • • • • • • • • • • • •		3a(1)
h	(II) related organizations If "Yes" to 3a(ii), are the related organizations	ione listed as required	I on Schedule P2	• • • • • • • • • • • • • • • • • • • •		3a(ii)
4	Describe in Part XIII the intended uses of	the omenization's en	dowment funds		• • • • • • • • • • • • • • • • • • • •	3b
	rt VI Land, Buildings, and Ed			line 10		
- 1 - 104	Description of property	(a) Cost or other b	asis (b) Cost or o	ther basis	(c) Accumulated	(d) Book value
_		(investment)	(othe	17	depreciation	
1a	Land	.				
	Buildings					
	Leasehold improvements					
	Equipment		13	6,629	111,850	4,779
e	Other					
						4,779

Part VII Investments—Other Sec (a) Description of security or cate	egory	(b) Book value		ethod of valuation:
(including name of security))			d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests	*********			
B) Other				
(A)				
(B)	·			
(C)	· · · · · · · · · · · · · · · · · · ·			
(D) (E)				
(F)	ārā			
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otal. (Column (b) must equal Form 990, Part X	(, col. (B) line 12.)		A RESILEYA III EN RA	ethol department
Part VIII Investments—Program I	Related. See Form 9	90, Part X, line 13.		
(a) Description of investment ty		(b) Book value	(c) Me	hod of valuation:
			ľ	-of-year market value
1)				
2)				
3)				
4)				
5)		<u> </u>		
6)				
7)	Name in the last of the last o	and the same of		
8)		277) OCT-0010010		
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9)				
9) 0) tal. (Column (b) must equal Form 990, Part X Part IX Other Assets. See Form 4	col. (8) line 10.) ► 4			
o) tal. (Column (b) must equal Form 990, Part X	col. (8) line 10.) A 990, Part X, fine 15.			(b) Book value
o) tal. (Column (b) must equal Form 990, Part X Part IX Other Assets. See Form 4	990, Part X, line 15.			A W COLOR FOR FULL STAYS
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Schedule D (Form 990) 2012 VERMONT CARES	03-030786	
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue per	Return
1 Total revenue, gains, and other support per audited financial statements		1 799,020
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3 799,020
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		N. A.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b -16,166	
c Add lines 4a and 4b		4c -16,166
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 782,854
Part XII Reconciliation of Expenses per Audited Financial Sta		
1 Total expenses and losses per audited financial statements		1 761,147
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		in had
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	216
c Other losses	2c	1
d Other (Describe in Part XIII.)	2d	17.
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3 761,147
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		900
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c -16,166
5 Total expenses. Add lines 3 and 4c. (This must equal Form \$30, Part , line 18.)		5 744,981
information. PART X - FIN 48 FOOTNOTE		
VERMONT CARES DOES NOT BELIEVE THERE ARE	ANY MATERIAL UNCE	RTAIN TAX
POSITIONS AND, ACCORDINGLY, IT WILL NOT R	ECOGNIZE ANY LIAB	ILITY FOR
UNRECOGNIZED TAX BENEFITS.		
PART XI, LINE 4B - REVENUE AMOUNTS INCLUD	TO ON RETTIRN - OT	HED
FUNDRAISING EXPENSES INCLUDED IN REVENUE	ON RETURN	\$ -16,166
PART XII, LINE 4B - EXPENSE AMOUNTS INCLU	DED ON RETURN - O	THER
FUNDRAISING EXPENSES INCLUDED IN REVENUE (N PETTIPN	\$ _16 166
TOWNSHIP INC. IMPLIANCED INCLOSED IN MINISTER		
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Schedule D (Form 990) 2012	VERMONT	CARES				03-0307864		Page 5
Part XIII	Suppleme	VERMONT	tion (continu	ed)					
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 890-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public

lame of the organization VERMONT CARES					03 - 03 0 7	
Fundraising Activities. Complete	if the organiz	ation	ans	wered "Yes" to Forr		
Form 990-EZ filers are not required 1 Indicate whether the organization raised funds through						
a Mail solicitations		_		vernment grants		
b Internet and email solicitations			_	ment grants		
c Phone solicitations	g Special fu	_		•		
d In-person solicitations	, oposion in					
2a Did the organization have a written or oral agreemen	t with any individu	ual (in	dudio	a officers directors true	tooo	
or key employees listed in Form 990, Part VII) or enti b If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization.	ty in connection v	vith pr	ofess	ional fundraising service	s?	Yes No
(i) Name and address of individual or entity (fundralser)	(il) Activity	raise cust	(iii) Did fund- raiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		,	
1						
2						
3		1 No			PROV.	
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otal		<u></u> .	. •			
3 List all states in which the organization is registered o registration or licensing.	r licensed to solic	it conf	ributio	ons or has been notified	it is exempt from	
		331				(E. E. 1885 - 1882) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
					g,	**************************************

Schedule G (Form 990 or 990-EZ) 2012 VERMONT CARES 03-0307864 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (b) Event #2 (d) Total events CHAMP RIDE ANNUAL EVENT/AU (add col. (a) through col. (c)) (event type) (total number) (event type) 22,765 18,019 5,166 45,950 1 Gross receipts 21,190 14,869 5,166 2 Less: Contributions 41,225 3 Gross income (line 1 minus 1,575 3,150 4,725 4 Cash prizes 5 Noncash prizes 225 Direct Expenses 6 Rent/facility costs 5,509 5,734 807 807 7 Food and beverages 8 Entertainment 4.386 1,521 680 6,587 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,128) Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabannstaria (d) Total gaming (add (c) Other gaming bingo/progressive biggo col. (a) through col. (c)) 1 Gross revenue . 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes _____% Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Fundraising Other Events SCHEDULE G 2012 (Form 990 or 10/01/12 , and ending 09/30/13990-EZ) For calendar year 2012, or tax year beginning **Employer Identification Number** VERMONT CARES 03-0307864 (a) Other event (b) Other event (c) Other event (d) Total other events (add col. (a) through GIFT WRAP (event type) (event type) (event type) col. (c)) 5,166 5,166 1 Gross receipts 2 Less: Charitable 5,166 5,166 contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food/beverages 8 Entertainment 680 680 9 Other expenses

Sch	nedule G (Form 990 or 990-EZ) 2012 VERMONT CARES	3-0307864	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity operated in:		
а		13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	202 (3)	70
	records:		
	1900		
	Name		
	Name >		
	Address >		
	Address >	·	èsse
45-	Describe executable have a contract with a third part from whom the country of		
158	Does the organization have a contract with a third party from whom the organization receives gaming	_	, –
	revenue?		Yes No
D	If "Yes," enter the amount of gaming revenue received by the organization 峰 and the)	
	amount of gaming revenue retained by the third party ▶\$		
C	If "Yes," enter name and address of the third party:		
	Name >		
	Address ▶	6066 663	
16	Gaming manager information:		
	Name ▶		
	PARTIES INTEREST PS PARTIES PERSONNELL	************	
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	···················	169 MO
_	spent in the organization's own exempt activities during the tax year		
Par	t IV Supplemental Information. Complete this part to provide the explanations required	by Part Lline 2	Ph.
- 9	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicate	ole Also comple	to this
	part to provide any additional information (see instructions).	ne. Also comple	are mus
	part to provide any additional information (see instructions).		
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	Schedule	G (Form 990 or 99	90-EZ) 2012

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 980, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public

OMB No. 1545-0047 Inspection

Employer identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, No X Schedule I (Form 990) (2012) (h) Purpose of grant or assistance Yes 03-0307864 ********************************** Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? VERMONT CARES (a) Name and address of organization or government Part Part 4 E 3 3 3 9 9 0 6 8

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012 Open to Public Inspection

Name of the organization

VERMONT CARES

Employer identification number 03 - 0307864

FORM 990 - ADDITIONAL INFORMATION
IN FISCAL YEAR 2013, VERMONT CARES SERVED AN ESTIMATED 5,000 PEOPLE THROUGH
EDUCATION, OUTREACH, HIV TESTING, HIV SERVICES AND HOUSING, AND SYRINGE
EXCHANGE.
FORM 990, PART I, LINE 6
THE VOLUNTEERS THAT SERVE VERMONT CARES PROVIDE SERVICES RANGING FROM
COOOKING FOR HOLIDAY MEALS TO CLEANING OFFICES TO HELPING SET UP AND
RUN FUNDRAISERS. ADDITIONALLY, VOLUNTEERS HELP STAFF THE FRONT DESK,
SUPPORT DATA ENTRY FUNCTIONS, DEVELOP OUR WEBSITE AND PREPARE MAILINGS.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR, FINANCIAL CONSULTANT/BOOKKEEPER, AND BOARD
TREASURER REVIEW THE FORM PRIOR TO THE EXECUTIVE DIRECTOR'S SIGNATURE. THE
BOARD IS PROVIDED A COPY OF THE FINAL APPROVED RETURN.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUALLY EACH DIRECTOR AND EMPLOYEE IS REQUIRED TO COMPLETE A CONFLICT OF
INTEREST QUESTIONNAIRE AND SIGN A WRITTEN CERTIFICATION AFFIRMING THE
PERSON HAS READ THE CONFLICT OF INTEREST POLICY, UNDERSTANDS IT AND WILL
COMPLY WITH IT.
ss
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD DEVELOPMENT COMMITTEE MEETS ANNUALLY TO ASSESS AND DETERMINE THE
EXECUTIVE DIRECTOR'S COMPENSATION. THEY COMPARE COMPENSATION WITH SIMILAR