

Paran Recreations

1. Basic Information

Paran Recreations

PO Box 393, North Bennington, VT 05257

802-688-6270 Lake Paran and
360 Houghton Road, North Bennington

Board Chair: Alisa Del Tufo

Vice Chair: Robert Howe

Treasurer: Forrest Matthews

Director: Marlene Driscoll

Tax Status: We are a 501 c 3

Tax ID: 03-0210869

Sales Tax: 450 030210869

2. Mission

Paran Recreations offers safe, healthy outdoor recreation and environmental education for our entire community. We also work to preserve and share the environmentally sensitive watershed and wetlands for all to enjoy.

3. Request:

- Annual Appropriation Request: \$2700
- One Time Request for Matching Grant \$1500

4. Report to Bennington

Lake Paran is one of the hidden jewels in the Bennington area. Developed in the late 1960s, Paran is a beautiful, unspoiled swimming and recreation area that provides our community with a place to enjoy the wonders of nature close to home. **Paran Recreations** is the locally

run, community supported, not for profit dedicated to keeping our lake a simple, fun, safe and affordable pleasure. In addition to the day-to-day program of swimming and boating, Paran Recreations runs a summer entertainment series, hosts children's camps and is part of a local effort to preserve environmentally sensitive wetlands.

Paran Recreations strives to be a resource for everyone in our area. We work hard to make our programs and facilities accessible to all. In addition to the summer programs we run for children and families we are developing new ways to attract people to our lovely lake all year round. In the past 5 years we have raised over **\$300,000** to improve our facilities by putting in a sewer line and rebuilding our entire bath house building.

We are also stepping up our roll as stewards of the environment and have, in the past 2 years, applied for and received funding to insure the quality of the water and to survey the aquatic species in order to determine the best ways to remediate problems and to enhance the lake's health.

Paran Recreations is an important resource for our community with our membership and daily attendance expanding greatly in the past several years. With a shrinking economy and more people looking locally for healthy, wholesome recreational resources and activities Lake Paran is all the more important. Engaging a wide spectrum of the community on a daily basis we have over 50 families and 25 seniors receiving Free Memberships; 224 paid memberships; special events; camps and community events and fund raising initiatives. **During the summer of 2018 over 5834 people came to lake Paran to enjoy themselves.**

Who We Serve: This past summer more than 5800 people came to the lake to enjoy the outdoors. Almost all of our patrons are from the towns of Shaftsbury, North Bennington, Bennington (52%) and Pownal, others are summer residents and some are passing through. We offer free memberships for 50 families and 25 seniors. Our free memberships are made possible by a grant from the Fund for North Bennington.

Collaborations: We also collaborate with local not for profits such as the Vermont Arts Exchange, Sunrise Family Services, the Homeless Shelter, our domestic violence organization PAVE, Bennington College, Southern Vermont College, Bennington Project Independence, United Counseling Services, Southwest Regional Medical Center and other organizations working with people in need. We offer a full range of activities, from hiking, fishing, boating, swimming, volleyball and other healthy outdoor activities.

In addition to our everyday activities, some highlights of this summer were:

- 7 weeks of camps for local children ranging from Hip Hop to Out Door Skills. 25% of attending children received scholarships
- The Fifth Annual Stone Skipping Festival
- Four concerts with local musicians
- Drumming classes under the Pavilion
- Swimming Lessons
- Invasive Species Assessment and Remediation
- Trail construction and maintenance
- Third of July Bar B Q and fireworks

Support to the Bennington Community:

In addition to our normal offerings (membership, daily admission, camps, events) we are working with the Town of Bennington to develop more coordinated efforts to make Lake Paran more accessible to Bennington residents. To that end we are in discussions about increasing and improving transportation to the lake, providing specific transportation and activities for children and families from Bennington and offering low cost or free memberships to Bennington residents, in particular lower income residents. We would also like to work towards the goal of insuring that every child in Bennington and the other towns can swim.

We also hire people from Bennington to work at Lake Paran; some of whom have their very first job with us.

Playground: Special One time Request: \$1500

Paran Recreations is requesting a one time special allocation of \$1500 to build a playground at Lake Paran. This request is part of raising matching funds of \$7335.00. The total budget for this project is \$14,670

Paran Recreations is our not for profit, community run, outdoor recreation area that strives to be a resource for everyone in our area. We work hard to make our programs and facilities accessible to all. In addition to the summer programs we run for children and families we are developing new ways to attract people to our lovely lake all year round.

We are also stepping up our roll as stewards of the environment and have, in the past 2 years, applied for and received funding to insure the quality of the water and to survey the aquatic species in order to determine the best ways to remediate problems and to enhance the lake's health.

As you know, we raised over ¼ million dollars (with your help) to rebuild our bath-house. The **Lake House** now offers improved bathrooms, changing facilities, snack bar, a new pavilion and a large heated room for community meeting and parties. Our property is also the parking area for hikers on the Frost Trail and many people who just want to fish and/or boat.

We are continually working to improve what we offer our community. Each summer we offer new camps and outdoor education opportunities for children. One of our goals this year is to develop a play ground for kids to use when they are not swimming. This will not only be an asset during the summer months but will draw more families to the lake during the "off season" for picnics and parties. In October we received a matching grant of **\$7335.00** for which we must raise an additional **\$7335.00**. We are asking each of the 3 towns that share the lake (Bennington, North Bennington and Shaftsbury) to help us raise this match. The funds will pay for all site preparation, equipment purchase and installation.

SUMMARY BUDGETS

1. 2017

Personnel : \$32,565

OTPS: \$24,596

TOTAL \$57,161

2. 2018/Current year (P&L attached)

Personnel \$32,581

OTPS \$29,383

TOTAL \$61,964

3. 2019/Next Year

Personnel \$34,025

OTPS \$31,725

TOTAL \$65,750

Playground Grant:

\$7335 Matching Grant

\$7335 Matching Funds to be raised

TOTAL: \$14,670

4. Municipal Awards: Each year we receive allocations from:

- Bennington: \$2700
- North Bennington: \$3000
- Shaftsbury: \$2500

See attached 990 & P&L Statement

Projected Budget: 2019

1. Personnel:

- Program Staff \$17,592
- Life Guards \$9,520
- Concession Stand \$6,913

TOTAL \$34,025

2. OTPS

- Admin Services \$2300
- (payroll expenses)
- Communications \$1350
- Concession Expense \$2750
- Utilities/all \$4500
- Office Supplies \$550
- Fees \$4850
- Cost of Events \$5850
- Insurance \$4500
- Maintenance/Mowing \$2800
- Miscellaneous \$2275

TOTAL \$31,725

TOTAL \$65,750

Anticipated Municipal Income/2019

- Bennington: \$2700
- North Bennington: \$3000
- Shaftsbury: \$2500

PARAN RECREATIONS, INC.

Profit & Loss

January through October 2018 (year ends December 31)

Expense to Date

1. Camp:

Camp Contracted Services 525.00

Total CAMP 525.00

2. Contract Services

Accounting Fees 3,516.25

Total Contract Services 3,516.25

3. Facilities and Equipment

Equip Rental and Maintenance 294.12

Facilities Improvements 3,875.07

Furnishings 410.36

Kitchen supplies 859.29

Lake/Blds/Grnds Maintenance

Lawn Mowing 2,545.00

Lake/Blds/Grnds Maintenance - O... 232.10

Total Lake/Blds/Grnds Maintenance 2,777.10

Porta Potty Rentals 503.50

Tools and Supplies 194.16

Utilities

Electric 1,270.19

Propane 254.53

Rubbish removal 1,372.50

Sewer 290.36

Telephone, Telecommunications 753.35

Water 120.75

Total Utilities 4,061.68

Total Facilities and Equipment 12,975.28

4. Insurance

Insurance - Liability, D and O 2,642.00

Worker's Comp 1,712.00

Total Insurance 4,354.00

5. Operations

Advertising & Fundraising 224.14

Bank-PR-Late Fees/FC 48.34

Cash Short/Over 394.51

Credit Card Processing Fee 59.66

Dues, Fees, Licenses 260.00

Interest Expense - LOAN 607.04

Office expenses & supplies 395.68

Postage, Mailing Service 145.74

Printing and Copying 313.25

Uninsured Losses 100.00

Unresolved Expenses 33.83

Total Operations 2,582.19

6. Payroll Expenses

Employer Payroll Tax

Admin Payroll Taxes 1,167.03

Concession Employer Taxes 327.26

Lifeguard Employer Taxes 673.79

Total Employer Payroll Tax 2,168.08

Employer Payroll Taxes 0.00

Salaries & Wages

Administrative Salaries & Wages 15,255.00

Concession Stand Salary & Wages 4,277.50

Lifeguard Salary & Wage Expense 8,807.26

Total Salaries & Wages 28,339.76

Salaries and Wages 0.00

Software Fees 430.40

Stipend 1,642.50

Total Payroll Expenses 32,580.74

7. Special Events Expenses

Fathers Day BBQ 150.00

Harvest Party Expenses 219.54

July 4th party

Fireworks 2,767.98

Food 1,530.36

Misc Supplies 605.51

Musicians 150.00

July 4th party - Other 0.00

Total July 4th party 5,053.85

Polar Plunge 414.54

Stone Skipping 57.00

Winter Party 46.22

Total Special Events Expenses 5,941.15

Total Expense 62,474.61

Net Ordinary Income -6,173.24

Net Income -6,173.24

Return of Organization Exempt From Income Tax

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

2017

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <input checked="" type="checkbox"/> Paran Recreations, Inc. | | D Employer identification number <input checked="" type="checkbox"/> 030210869 |
| | Number and street (or P.O. box, if mail is not delivered to street address) <input checked="" type="checkbox"/> Room/suite PO Box 393 | | E Telephone number 8026886270 |
| | City or town, state or province, country, and ZIP or foreign postal code North Bennington, VT 05257 | | F Group Exemption Number ▶ <input checked="" type="checkbox"/> |
| | G Accounting Method: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ | | |

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| | | | | |
|------------|--|--|-------|--------|
| Revenue | <input checked="" type="checkbox"/> 1 | Contributions, gifts, grants, and similar amounts received | 1 | 23150 |
| | <input checked="" type="checkbox"/> 2 | Program service revenue including government fees and contracts | 2 | 31773 |
| | <input checked="" type="checkbox"/> 3 | Membership dues and assessments | 3 | 10118 |
| | <input checked="" type="checkbox"/> 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less: cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| c | Less: direct expenses from gaming and fundraising events | 6c | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less: cost of goods sold | 7b | 4404 | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | -4404 | |
| 8 | Other revenue (describe in Schedule O) | 8 | 15027 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 75664 | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> | 12 | 34343 |
| | 13 | Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> | 13 | 8774 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 9440 |
| | 15 | Printing, publications, postage, and shipping | 15 | 693 |
| | 16 | Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> | 16 | 3921 |
| 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 57171 | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 18493 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 371199 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 389692 |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 15590 | 12775 |
| 23 Land and buildings | 369452 | 391766 |
| 24 Other assets (describe in Schedule O) | | 133 |
| 25 Total assets | 385042 | 404674 |
| 26 Total liabilities (describe in Schedule O) | 13843 | 14982 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 371199 | 389692 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? 4 Season Public Recreational Facility

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | | |
|---|-----|-------|
| 28 Operated and maintained a community beach, lake house, concession stand, boat rentals and grounds for use by the community | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 53432 |
| 29 Concerts and family entertainment programs | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 2563 |
| 30 camps for youth | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 1176 |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 57171 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------|--|--|---|--|
| Alisa del Tufo, President | 8 | 0 | | |
| Marlene Driscoll, Director | 17 | 10200 | | |
| Rosa Ford | 10 | 6750 | | |
| Robert Howe, Trustee | 10 | 0 | | |
| Emily Hunter, Trustee | 1 | 0 | | |
| Forrest Matthews, Trustee | 1 | 0 | | |
| Scott Creedy, Trustee | 1 | 0 | | |
| Karen Schroeder, Trustee | 1 | 0 | | |
| Tammy Carpenter, Trustee | 1 | 0 | | |
| Jeff Allard, Trustee | 1 | 0 | | |
| Stuart Aldrich, Trustee | 1 | 0 | | |
| Jean Rogers, Accountant | 4 | 4238 | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|-----|---|-----|-------------------------------------|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | <input checked="" type="checkbox"/> |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | <input checked="" type="checkbox"/> |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | <input checked="" type="checkbox"/> |
| 35b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | <input checked="" type="checkbox"/> |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ | | |
| 37b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | <input checked="" type="checkbox"/> |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| 39a | a Initiation fees and capital contributions included on line 9 | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | |
| 40b | b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | <input checked="" type="checkbox"/> |
| 40c | c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| 40d | d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| 40e | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed ▶ _____ | | |
| 42a | The organization's books are in care of ▶ Jean Rogers Telephone no. ▶ 8024400861 Located at ▶ PO Box 425 Bennington, VT 05201 ZIP + 4 ▶ _____ | | |
| 42b | b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | <input checked="" type="checkbox"/> |
| 42c | c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____ | | <input checked="" type="checkbox"/> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | <input checked="" type="checkbox"/> |
| 44b | b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | <input checked="" type="checkbox"/> |
| 44c | c Did the organization receive any payments for indoor tanning services during the year? | | <input checked="" type="checkbox"/> |
| 44d | d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 45b | b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | <input checked="" type="checkbox"/> |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No [X]

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI []

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No [X]
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No [X]
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No [X]
b If "Yes," was the related organization a section 527 organization? 49b Yes No
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'none'.

f. Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'none'.

d. Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A [] Yes [] No

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

Sign Here [X] Signature of officer: Alisa del Tufo, President Date: May 8, 2018

Paid Preparer Use Only Print/Type preparer's name: Jean Rogers Preparer's signature: [Signature] Date: [Date] Check [X] if self-employed PTIN: [PTIN] Firm's name: [Name] Firm's address: PO Box 425, Bennington, VT 05201 Firm's EIN: 009369463 Phone no.: 802400861

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No