Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For th	e 2017 calendar year, or tax year beginning	ind ending			
В	Check if applicab	C Name of organization		D Employer identif	ication number	
	Addr					
	Name chan	Doing business as		22-271	L2160	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er	
	Final return	3 COURT STREET		802-38	38-3355	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	174,172,338.	
	Amer returr	MIDDLEBURY, VT 05753		H(a) Is this a group r	eturn	
	Appli tion	I F Name and address of principal officer: DAN SMIIH		for subordinates	s? Yes X No	
	pend	SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No	
T	Tax-ex	xempt status: 🗓 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a	(1) or 52	7 If "No," attach a	a list. (see instructions)	
J	Webs	ite: > WWW.VERMONTCF.ORG		H(c) Group exemption	on number	
K	Form o	f organization: x Corporation Trust Association Other	L Year	r of formation: 1986	M State of legal domicile: VT	
P	art I	Summary	-	·		
Φ.	1	Briefly describe the organization's mission or most significant activities: THE	VERMONT CO	MMUNITY FOUNDATIO	N	
Governance		HELPS TO BUILD PHILANTHROPIC RESOURCES TO SUSTAIN HEALTHY	AND VITAL			
rns	2	Check this box  if the organization discontinued its operations or di	sposed of mor	e than 25% of its net a	ssets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	14	
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line			14	
es 6	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			34	
ξ	6	Total number of volunteers (estimate if necessary)			28	
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			77,258.	
_		Net unrelated business taxable income from Form 990-T, line 34			-7,581.	
				Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		28,597,241.	44,943,412.	
	9	Program service revenue (Part VIII, line 2g)		459,834.	490,908.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,239,892.	12,212,669.	
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,156.	-848.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	34,299,123.	57,646,141.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,964,459.	13,681,694.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		2,155,720.	2,553,678.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,284.	0.	
ğ	· b	Total fundraising expenses (Part IX, column (D), line 25)	12,560.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,087,932.	2,609,044.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,211,395.	18,844,416.	
	19	Revenue less expenses. Subtract line 18 from line 12		17,087,728.	38,801,725.	
Net Assets or	3		В	eginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		207,309,114.	264,749,292.	
A	21	Total liabilities (Part X, line 26)		11,157,612.		
2	22	Net assets or fund balances. Subtract line 21 from line 20		196,151,502.	254,001,592.	
	art II					
		alties of perjury, I declare that I have examined this return, including accompanying sche			ny knowledge and belief, it is	
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information	of which prepare	er has any knowledge.		
		0:				
Sig	gn	Signature of officer		Date		
He	re	DEBRA DABROWSKI ROONEY, V.P. FOR FINANCE & CFO				
		Type or print name and title		Data	LI DTIN	
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN	
Pai		LORI BUDNICK LORI BUDNICK	•	11/15/18 "self-employ		
	eparer	Firm's name BLUM, SHAPIRO & COMPANY, P.C., CPA'S		Firm's EIN ▶	06-1009205	
Us	e Only	Firm's address > 29 S. MAIN STREET, P.O. BOX 272000				
		WEST HARTFORD, CT 06127-2000		Phone no.860		
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Ves No	

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE VERMONT COMMUNITY FOUNDATION HELPS TO BUILD PHILANTHROPIC	
	RESOURCES TO SUSTAIN HEALTHY AND VITAL VERMONT COMMUNITIES. THE	
	FOUNDATION CONNECTS AND MOBILIZES PEOPLE THROUGH GIVING TO MULTIPLY	
	THE IMPACT OF PHILANTHROPY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$13,405,794. including grants of \$12,578,882. ) (Revenue \$	11,500.)
	THE FOUNDATION MANAGES OVER 700 CHARITABLE FUNDS, EACH OF WHICH WAS	
	ESTABLISHED TO BUILD HEALTHY AND VITAL VERMONT COMMUNITIES. IN 2017,	
	THESE FUNDS GRANTED OVER \$12 MILLION PRIMARILY TO NONPROFITS THROUGHOUT	
	VERMONT. IN ADDITION, THE FOUNDATION OFFERS PLANNED GIVING, NONPROFIT	
	AGENCY ENDOWMENT MANAGEMENT AND OTHER PHILANTHROPIC SERVICES THAT HELP	
	PHILANTHROPISTS OBTAIN THE KNOWLEDGE, SKILLS AND MEANS TO MAKE THE MOST	
	OF THEIR GIVING AND ENSURE THAT CHARITABLE CAPITAL PROMOTES SOCIAL,	
	ENVIRONMENTAL AND ECONOMIC HEALTH.	
4b	(Code:) (Expenses \$ 815 , 780 including grants of \$ 815 , 780) (Revenue \$	479,408.
	THE FOUNDATION SUPPORTS EFFECTIVE PHILANTHROPY, WHICH INCLUDES	
	GRANTMAKING, INVESTMENT MANAGEMENT AND ADMINISTRATIVE SUPPORT,	
	THROUGHOUT THE STATE OF VERMONT. THE FOUNDATION OFFERED THESE SERVICES	
	TO FOUR SUPPORTING ORGANIZATIONS IN 2017 RESULTING IN SUPPORTING FEE	
	REVENUE AND GRANTS TO THESE SUPPORTING ORGANIZATIONS TO FURTHER THEIR	
	MISSION.	
4-	(2)	
4c	(Code:) (Expenses \$309,716. including grants of \$287,032. ) (Revenue \$	)
	SPECIFIC FOCUS ON WOMEN'S AND GIRL'S ISSUES. THE FUND HARNESSES THE	
	COLLECTIVE POWER OF GIVING TO PROMOTE LEADERSHIP, EQUALITY,	
	SELF-SUFFICIENCY AND PHILANTHROPY FOR VERMONT WOMEN AND GIRLS. OUR	
	GRANTS HELP WOMEN AND GIRLS DEVELOP OPPORTUNITIES AND TRAINING THAT	
	EMPHASIZE CAREER VIABILITY AND WOMEN'S ECONOMIC SELF-SUFFICIENCY. WE	
	ALSO FUND A STATEWIDE COLLABORATIVE PARTNERSHIP THAT AIMS TO FAST-TRACK	
	WOMEN'S ECONOMIC SECURITY AND GENDER EQUITY IN THE PUBLIC AND PRIVATE SECTORS. HISTORICALLY, WE HAVE STEPPED IN TO FUND PILOT PROGRAMS OR	
	SMALLER, GRASSROOTS EFFORTS THAT SHOW PROMISE THAT ARE NOT ELIGIBLE FOR	
	LARGER FOUNDATION FUNDING. IN 2017, THE VERMONT WOMEN'S FUND AWARDED 17	
	GRANTS TO VERMONT-BASED NONPROFITS TOTALING OVER \$285,000.	
40	Other program services (Describe in Schedule O.)	1
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 14,531,290.	)
<u>4e</u>	Total program service expenses 14,531,290.	Form <b>990</b> (2017)
		1 31111 333 (2017)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19		40		х
	complete Schedule G, Part III	19		L 43

## Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadula I Bad I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
		SSA	Λ	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del> -
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
		_	_	

22-2712160

## Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
		1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			١	
_	(gambling) winnings to prize winners?	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return		34	- V	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Х	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		_	v	
3a	•			X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30	A	
44	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country:	account)?	44		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (ERAD)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		00		
ou	any contributions that were not tax deductible as charitable contributions?		6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		"		
-	were not tax deductible?	•	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	? 7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control				Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		Х
9	Sponsoring organizations maintaining donor advised funds.				.,,
a			9a		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ומטו	_		
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	i i a	-		
b	amounts due or received from them.)	11b			
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	-		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a		<u>'</u>	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
	· · · · · · · · · · · · · · · · · · ·		Eorn	990	(2017

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
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	Х	
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a		7a	х	
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a	21	
D		7b		x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		41
8		0-	х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	Λ	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Λ
000	tion B. I oncies (This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	X	NO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	T I G		
12a		12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	JJD	**	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IOa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶VT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
.5	for public inspection. Indicate how you made these available. Check all that apply.		.5	
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.		-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_5	DEBRA DABROWSKI ROONEY - 802-388-3355			
	3 COURT STREET MIDDLEBURY VT 05753			

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

**Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more erson	n than is bot or/trus	h an	(D) Reportable compensation	( <b>E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES G. WHEELER, JR.	2.00									
CHAIR	2.00	Х		Х		_		0.	0.	0.
(2) MARGARET SEELY VICE CHAIR	2.00	x		x				0.	0	0
(3) ALLYSON LAACKMAN	2.00	^		^				0.	0.	0.
TREASURER	2.00	x		x				0.	0.	0.
(4) SPENCER KNAPP	2.00	<u> </u>	-	^	$\vdash$	+		0.		0.
SECRETARY	2.00	x		x				0.	0.	0.
(5) DEBORAH BRIGHTON	1.50	<del></del>							•	•••
FORMER TREASURER/DIRECTOR		x						0.	0.	0.
(6) PETER KINDER	1.50									
DIRECTOR		x						0.	0.	0.
(7) JULIE PETERSON	1.50								-	<u> </u>
DIRECTOR		х						0.	0.	0.
(8) LISA CASHDAN	1.50									
DIRECTOR		х						0.	0.	0.
(9) BETSY RATHBUN-GUNN	1.50									
DIRECTOR		х						0.	0.	0.
(10) SARAH WARING	1.50									
DIRECTOR		х						0.	0.	0.
(11) MARK FOLEY, JR.	1.50									
DIRECTOR		Х						0.	0.	0.
(12) WILL STEVENS	1.50									
DIRECTOR		Х						0.	0.	0.
(13) MICHAEL M. METZ	1.50									
DIRECTOR		Х						0.	0.	0.
(14) JAY KENLAN	1.50									
DIRECTOR		Х						0.	0.	0.
(15) TIM VOLK	1.50									
DIRECTOR		Х				_		0.	0.	0.
(16) CAROLYN DWYER	1.50	1_								
DIRECTOR		Х			_	_	$\vdash$	0.	0.	0.
(17) DAN SMITH	48.00	1						474 055	_	24 24 -
PRESIDENT & CEO	2.00			Х				171,863.	0.	31,011. Form <b>990</b> (2017)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Est	timate	∍d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	1		ount	of
	week	_	Cer ai	iu a u	III ecit	Ji/ii us	lee)	from	from related			other	
	(list any hours for	irecto						the organization	organizations		comp		
	related	or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MIS	ر (		om the anizati	
	organizations	ruste	l trus		ee	nbeu		(***2/1099***********************************			•	ı nzatı I relatı	
	below	dualt	tiona	١	nploy	st cor	_					nizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
(18) FELIPE RIVERA	46.00												
CHIEF OF STAFF & VP FOR STRATEGY & C	4.00			Х				128,157.		0.		26,	906.
(19) DEBRA DABROWSKI ROONEY	48.00												
CFO AND VP FOR FINANCE & OPERATIONS	2.00			Х				120,136.		0.		28,	601.
(20) PATRICK BERRY	48.00												
VP FOR PHILANTHROPY				Х				129,731.		0.		7,	625.
(21) ELIZABETH GAMACHE	48,00							64.004				_	- 40
VP FOR GRANTS AND COMMUNITY INVESTME				Х				64,991.		0.		1,	540.
-										-			
										$\dashv$			
<del></del>							<u></u>	614.070		_			
1b Sub-total								614,878.		0.		95,	683.
c Total from continuation sheets to Part VI										0.		0.5	0. 683.
d Total (add lines 1b and 1c)								614,878.		0.		95,	683.
2 Total number of individuals (including but n	ot limited to th	iose	IISTE	ea a	DOV	e) wi	no re	eceived more than \$100	,000 of reportable	,			4
compensation from the organization											T	Yes	No
3 Did the organization list any former officer,	director or tru	ıcto	o ko	w or	mnle	oo	orl	highest componented of	mplovoo on	П		100	110
line 1a? If "Yes," complete Schedule J for s											3		х
4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a										····	_	-	
rendered to the organization? If "Yes," com	-				-			ca organization or maivi			5		Х
Section B. Independent Contractors	prote correction	001	0, 0,	011	<i>p</i> 0, 0								
Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	 pensa	ation fr	om	
the organization. Report compensation for	= -	-											
(A)								(B)			(C	)	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GENERATION INVESTMENT MANAGEMENT US, 555		
MISSION STREET, SUITE 3400, SAN FRANCISCO,	INVESTMENT MANAGER	295,997.
COLONIAL CONSULTING, 750 THIRD AVENUE,		
20TH FLOOR, NEW YORK, NY 10017	INVESTMENT CONSULTANT	140,646.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	

Form **990** (2017)

\$100,000 of compensation from the organization

Form 990 (2017) THE VERMONT
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			•	,	(A)	<b>(B)</b> Related or	<b>(C)</b> Unrelated	( <b>D</b> ) Revenue excluded
					Total revenue	exempt function	business	from tax under
						revenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Sra lou	k	Membership dues	1b					
Am (	(	Fundraising events	1c	55,180.				
la git	(	d Related organizations	1d	4,767.				
ini ini	•	Government grants (contributi	ions) <b>1e</b>					
rior S	f	All other contributions, gifts, grant	ts, and					
t pgr		similar amounts not included above	/e 1f	44,883,465.				
함	ç	Noncash contributions included in lines	1a-1f: \$	36,499,037.				
<u>පි සි</u>	ł	Total. Add lines 1a-1f		<b>&gt;</b>	44,943,412.			
				<b>Business Code</b>				
8	2 8	MANAGEMENT FEES		561000	479,408.	479,408.		
اه چَ	k	DUES		561000	11,500.	11,500.		
Se	(							
eve	(	d						
Program Service Revenue	•	•						
<u> </u>	f	All other program service reve	nue					
		g Total. Add lines 2a-2f			490,908.			
	3	Investment income (including						
		other similar amounts)		<b>&gt;</b>	2,720,119.		6,824.	2,713,295.
	4	Income from investment of tax						
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	k	Less: rental expenses						
	(	Rental income or (loss)						
	(	d Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	125,986,656					
	k	Less: cost or other basis						
		and sales expenses	116,494,106					
	(	Gain or (loss)	9,492,550					
	(	d Net gain or (loss)		<b></b>	9,492,550.		70,434.	9,422,116.
ne	8 8	a Gross income from fundraising	g events (not					
eun		including \$ 55	,180. of					
ě.		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a	31,243.				
ŧ	k	Less: direct expenses	b	32,091.				
١	(	Net income or (loss) from fund	Iraising events	<b></b>	-848.			-848.
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19	a	1				
	k	Less: direct expenses	b					
	(	Net income or (loss) from gam	ing activities .					
	10 a	a Gross sales of inventory, less	returns					
		and allowances	a					
	k	Less: cost of goods sold	b					
	(	Net income or (loss) from sale:	s of inventory .	<b>&gt;</b>				
ļ		Miscellaneous Revenu	e	Business Code				
	11 a	a						
	k	o						
		d All other revenue						
	6	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			57,646,141.	490,908.	77,258.	12,134,563.

732009 11-28-17

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	13,571,484.	13,571,484.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	110,210.	110,210.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	710,560.	139,179.	407,768.	163,613.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		252 -12		
7	Other salaries and wages	1,432,397.	363,710.	739,270.	329,417.
8	Pension plan accruals and contributions (include	2=		45 222	
	section 401(k) and 403(b) employer contributions)	35,521.	9,055.	17,005.	9,461.
9	Other employee benefits	206,283.	55,264.	106,862.	44,157.
10	Payroll taxes	168,917.	40,227.	90,155.	38,535.
11	Fees for services (non-employees):				
а		45.645		45.645	
b	Legal	17,645.		17,645.	
С	• • • • • • • • • • • • • • • • • • • •	43,900.		43,900.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, <u> </u>	1 504 004		1 604 001	
f	Investment management fees	1,604,891.		1,604,891.	
g	` "	154 240	TO 003	05 440	
	column (A) amount, list line 11g expenses on Sch 0.)	174,342.	78,893.	95,449.	0 007
12	Advertising and promotion	58,860.	18,916.	31,917.	8,027.
13	Office expenses	65,168.	10,771.	45,559.	8,838.
14	Information technology	166,919.	42,761.	95,654.	28,504.
15	Royalties	00 510	26.600	F4 10F	17 722
16	Occupancy	98,518.	26,600.	54,185.	17,733.
17	Travel	61,294.	12,679.	27,273.	21,342.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	105 043	7 201	96 215	10 507
19	Conferences, conventions, and meetings	105,943.	7,201.	86,215.	12,527.
20	Interest				
21	Payments to affiliates	02 701	25 224	E1 F0F	16 000
22	Depreciation, depletion, and amortization	93,791.	25,324.	51,585.	16,882.
23	Other expanses Itemize expanses not covered	24,625.		24,625.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	COMMUNICATIONS	54,827.	19,016.	22,287.	13,524.
b	DUES	22,539.		22,539.	
С	PROFESSIONAL DEVELOPMEN	15,260.		15,260.	
d	MISCELLANEOUS	522.		522.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18,844,416.	14,531,290.	3,600,566.	712,560.
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)				

## Form 990 (2017) Part X Balance Sheet

Part A	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	8,787,643.	1	10,468,550
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	1,312,794.	3	208,244
4	Accounts receivable, net		4	8,000
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ဋ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8   3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	76,040.	9	66,392
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,673,080.			
t	Less: accumulated depreciation10b 1,243,123.	1,447,791.	10c	1,429,957
11	Investments - publicly traded securities	76,326,771.	11	79,308,362
12	Investments - other securities. See Part IV, line 11	111,011,422.	12	163,857,841
13	Investments - program-related. See Part IV, line 11	7,893,347.	13	9,005,500
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	453,306.	15	396,446
16	Total assets. Add lines 1 through 15 (must equal line 34)	207,309,114.	16	264,749,292
17	Accounts payable and accrued expenses	110,038.	17	196,898
18	Grants payable	1,689,992.	18	519,894
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
8	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	9,357,582.	25	10,030,908
26	Total liabilities. Add lines 17 through 25	11,157,612.	26	10,747,700
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
3	complete lines 27 through 29, and lines 33 and 34.			
27 28 29	Unrestricted net assets	183,725,131.	27	241,535,894
28	Temporarily restricted net assets	12,426,371.	28	12,465,698
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
30 31 32	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	196,151,502.	33	254,001,592
34	Total liabilities and net assets/fund balances	207,309,114.	34	264,749,292

Form	1990 (2017) THE VERMONT COMMUNITY FOUNDATION	22-2712160		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,141.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	,844	,416.
3	Revenue less expenses. Subtract line 2 from line 1	3	38	,801	,725.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,502.
5	Net unrealized gains (losses) on investments	5	20	,418	,444.
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	-1	,370	,079.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	254	,001	,592.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE VERMONT COMMUNITY FOUNDATION

Employer identification number

22-2712160 Part I 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16,294,394.	12,818,456.	33,760,478.	28,597,241.	15,421,954.	106,892,523.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16,294,394.	12,818,456.	33,760,478.	28,597,241.	15,421,954.	106,892,523.
	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)						25,095,844.
6	Public support. Subtract line 5 from line 4.						81,796,679.
	tion B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	16,294,394.	12,818,456.	33,760,478.	28,597,241.	15,421,954.	106,892,523.
	Gross income from interest,		, ,				
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,079,354.	2,379,171.	2,267,560.	2,728,073.	2,720,119.	12,174,277.
9	Net income from unrelated business	, ,	, ,	, ,	, ,		, ,
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						119,066,800.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,007,550.
	First five years. If the Form 990 is for	•	,	d. fourth, or fifth ta	x vear as a sectio		, ,
	organization, check this box and <b>stop</b>	-			-		
Sec	ction C. Computation of Publ	· - O D					,
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	68.70 %
	Public support percentage from 2016					15	69.63 %
	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization of	ualifies as a public	cly supported orga	anization	<b>&gt;</b>
<u>18</u>	Private foundation. If the organization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picade com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	, ,	1 )	``
	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 organ-						
•	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities					1	
э	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_	_	
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
_	check this box and stop here						<b>_</b>
	ction C. Computation of Publ						
15	Public support percentage for 2017 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2017. If the	organization did ı	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organi	zation	▶□
k	o 33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
3b		
3c		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
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8		
9a		
9b		
9с		
10a		
10b		
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	edule A (FOIII 990 of 990-EZ) 2017 THE VERMONT COMMONTH TOURDHITTON	2/12100	Г	age 3
Pa	rt IV   Supporting Organizations (continued)		1.,	
11	Has the organization accounted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru			
' a	The organization satisfied the Activities Test. Complete line 2 below.	otions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instruction	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	ınizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain	in Part VI.) See ins	tructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.		
Sect	Section A - Adjusted Net Income		(A) Prior Year	(B) Currer (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	organization (see	
	instructions).	. •		•	

Schedule A (Form 990 or 990-EZ) 2017

Sche	edule A (Form 990 or 990-EZ) 2017 THE VERMONT COMMUNI			2-2712160	Page 7
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)		
Sect	ion D - Distributions		,	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	empt purposes			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributab Amount for 2	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required- explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2017				
а	, , ,				
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:
DESCRIPTION: VARIOUS STOCKS
DATE: 11/29/17 AMOUNT: 29521458.

## SCHEDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047 **2017** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

rax, (occ ocparate mod dodono), then				
<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III.			
Name of organization			Emp	loyer identification number
	COMMUNITY FOUNDATION			22-2712160
Part I-A   Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 of	organization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	ures		<b>&gt;</b> \$	S
Part I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).	
1 Enter the amount of any excise tax				3
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 <b>&gt;</b> 9	
3 If the organization incurred a section	in 4955 tax did it file Form 4720	for this year?	· · · · · · · · · · · · · · · · · · ·	Yes No
4a Was a correction made?				
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the org	anization is exempt und	der section 501(c)	, except section 501	(c)(3).
Enter the amount directly expended	<u> </u>	· · · ·	•	` ' '
Enter the amount of the filing organ exempt function activities	ization's funds contributed to of	ther organizations for s	section 527	
3 Total exempt function expenditures				
line 17b				3
4 Did the filing organization file Form				
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 p id from the filing organ a separate political org	olitical organizations to whi ization's funds. Also enter t ganization, such as a separa	ch the filing organization he amount of political
( <b>a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Sche	dule C (Form 990 or 990-EZ) 2017	THE VERMONT COMM	UNITY FOUNDATION		22-271	2160 Page <b>2</b>
Par	t II-A Complete if the org section 501(h)).	janization is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under
		tion belongs to an aff	iliated aroun (and list i	n Part IV each affiliated	aroun member's nam	na addrass FIN
A OI	9 9	re of excess lobbying		iri art iv cacii ailillated	group member 3 nam	ie, address, Liiv,
B Ch	. $\square$		nd "limited control" pr	ovisions apply		
<b>B</b> Ci	ileck 🕨 🔛 il tile lilling organiza	LIOH CHECKEU DOX A a	ind inflited control pr	ovisions apply.	(a) Filing	(b) Affiliated group
		ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred	)	organization's totals	totals
1a	Total lobbying expenditures to influ	uence public opinion	(grass roots lobbying)		0.	9,389.
b	Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)		0.	98,554.
С	Total lobbying expenditures (add li	nes 1a and 1b)			0.	107,943.
d	Other exempt purpose expenditure	es			18,844,416.	27,135,640.
е	Total exempt purpose expenditure	s (add lines 1c and 1	d)		18,844,416.	27,243,583.
	Lobbying nontaxable amount. Enter				1,000,000.	1,000,000.
	If the amount on line 1e, column (a) o		bying nontaxable am			
	Not over \$500,000	20% of	the amount on line 1e			
	Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	,000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
[	Over \$17,000,000	\$1,000	,000.			
g	Grassroots nontaxable amount (en	nter 25% of line 1f)			250,000.	250,000.
h	Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	0.
i	Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	0.
	If there is an amount other than ze					
	reporting section 4911 tax for this	year?				Yes No
		4-Year Av	eraging Period Under	section 501(h)		
	(Some organizations the		501(h) election do not rate instructions for li	•	of the five columns b	elow.
			nditures During 4-Ye			
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) Total
			1	l		ſ

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	18,153.	9,750.	39,418.	107,943.	175,264.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures			24,418.	9,389.	33,807.

Schedule C (Form 990 or 990-EZ) 2017

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the lobb	'Yes," response on lines 1a through 1i below, provide in Part IV a detailed description			(k	0)
	bying activity.	Yes	No	Amo	ount
1 Durii	ing the year, did the filing organization attempt to influence foreign, national, state or				
local	l legislation, including any attempt to influence public opinion on a legislative matter				
or re	eferendum, through the use of:				
<b>a</b> Volu	inteers?				
<b>b</b> Paid	d staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	dia advertisements?				
<b>d</b> Maili	lings to members, legislators, or the public?				
	lications, or published or broadcast statements?				
	nts to other organizations for lobbying purposes?				
	ct contact with legislators, their staffs, government officials, or a legislative body?				
h Ralli	ies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Othe	er activities?				
	al. Add lines 1c through 1i				
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	'es," enter the amount of any tax incurred under section 4912				
c If "Y	es," enter the amount of any tax incurred by organization managers under section 4912				
	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
<b>d</b> If the	$\Lambda$ Complete if the exampleation is example under coefficien $E(1/\alpha)(A)$ coefficients	n 501(c)(5)	, or se	ection	
<b>d</b> If the	A Complete if the organization is exempt under section 501(c)(4), section				
<b>d</b> If the	501(c)(6).				
d If the	501(c)(6).			Yes	N
d If the	501(c)(6).  The substantially all (90% or more) dues received nondeductible by members?			Yes	N
d If the art III-  Were 2 Did t	501(c)(6).  The substantially all (90% or more) dues received nondeductible by members?  The organization make only in-house lobbying expenditures of \$2,000 or less?			Yes	N
d If the Part III-  1 Were 2 Did to 3 Did to 1	501(c)(6).  The substantially all (90% or more) dues received nondeductible by members?  The organization make only in-house lobbying expenditures of \$2,000 or less?  The organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes"	e prior year? on 501(c)(5) "No," OR (	2 3 , or se	ection	
d If the art III-  Were Did to Did to The III-	501(c)(6).  The substantially all (90% or more) dues received nondeductible by members?  The organization make only in-house lobbying expenditures of \$2,000 or less?  The organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section	e prior year? on 501(c)(5) "No," OR (	3 , or se (b) Par	ection	
d If the art III-  Were Did 1 Did 1 art III-	501(c)(6).  The substantially all (90% or more) dues received nondeductible by members?  The organization make only in-house lobbying expenditures of \$2,000 or less?  The organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? on 501(c)(5) "No," OR (	3 , or se (b) Par	ection	
d If the art III-  Were 2 Did t 3 Did t art III-	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  In a seessments and similar amounts from members	e prior year? on 501(c)(5) "No," OR (	3 , or se (b) Par	ection	
d If the art III-  Were Did t Did t S Did t S Sect expe	the organization make only in-house lobbying expenditures of \$2,000 or less?  the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  It is, assessments and similar amounts from members  It is in 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? in 501(c)(5) "No," OR (	2 3 , or se b) Par	ection	
d If the art III-  Were Did to Did to art III-  Dues Sect expe a Curr	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Is, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).	e prior year? in 501(c)(5) "No," OR (	2 3 3, or se b) Par	ection	
d If the art III-  Were Did to Dues Sect expe Curr Corrota	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Gonglete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Is, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures from last year expover from last year	e prior year? on 501(c)(5 "No," OR (	2 3 , or se b) Par 1 2a 2b 2c	ection	
d If the art III-  Were Did t Dues Sect expe Curr C Tota	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Gonglete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Is, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  The substantially all (90% or more) dues received nondeductible by members?  The organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  The organization agree to carry over lobbying and political expenditures (do not include amounts of political expenditures for more include	e prior year? on 501(c)(5 "No," OR (	2 3 , or se b) Par 1 2a 2b 2c	ection	
d If the art III-  Were 2 Did to 3 Did to 3 Did to 4	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Gonglete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Is, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures from last year expover from last year	e prior year? on 501(c)(5) "No," OR (	2 3 , or se b) Par 1 2a 2b 2c	ection	
d If the art III-  Were Did to B Did to	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the Ocomplete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  It is, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  The provided in the section 527(f) tax was paid).  The provided in the section 527(f) tax was paid).  The provided in the section 527(f) tax was paid).  The provided in the section 527(f) tax was paid).	e prior year? on 501(c)(5) "No," OR (	2 3 , or se b) Par 1 2a 2b 2c	ection	
d If the art III-  Were Did t B Did t B Did t C Sect Expe C Tota Aggi I I no does	the organization make only in-house lobbying expenditures of \$2,000 or less?  the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the So1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  In a sessessments and similar amounts from members to the section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  The section 162(e) nondeductible section 162(e) dues deregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues deregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues deregate amount on line 2 cexceeds the amount on line 3, what portion of the exception of the except	e prior year? in 501(c)(5) "No," OR (	2 3 , or se b) Par 1 2a 2b 2c	ection	ne 3,
d If the art III-  Were Did t Dues Sect expe a Curr b Carr c Tota Aggr If no does expe	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Gonglete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Is, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid).  The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues contices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided in the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided in the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided in the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided in the excess the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided in the excess the amount on line 3 and the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided in the excess the amount on line 3 and the excess	e prior year? in 501(c)(5) "No," OR (	2 3 3, or se (b) Par 1 2a 2b 2c 3	ection	

## Part IV | Supplemental Information (continued)

### Schedule C

#### **Affiliated Group Lobbying Expenditures** Part II - A

THE VERMONT COMMUNITY FOUNDATION

Name of Affiliated Group Member

PERMANENT FUND FOR VERMONT'S CHILDREN

Employer ID Number 31-1802348

Page 4

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

**Electing Member** YES

Limits on Lobbying Expenditu	ires:			Line
Total lobbying expenditures to i	influence public opinion (grassro	oots lobbying)	9,389.	1a
Total lobbying expenditures to i	influence a legislative body (dire	ect lobbying)	98,554.	b
Total lobbying expenditures (ad	ld lines 1a and 1b)		107,943.	С
Other exempt purpose expendit	tures	6,	141,473.	d
Total exempt purpose expendite	ures (add lines 1c and 1d).	6,	249,416.	е
Lobbying nontaxable amount. Enter the amount from the follow	wing table:			
If the amount on line e is:	The lobbying nontaxable amount is:			
> 500,000 <= 1,000,000	20% of the amount on line 1e 100,000 + 15% > 500,000			
Over \$17,000,000	\$1,000,000		462,471.	f
Grassroots nontaxable amount	(enter 25% of line 1f)		115,618.	g
Subtract line 1g from line 1a (lin	nit to zero)		0.	h
Subtract line 1f from line 1c (lim	it to zero)		0.	i
Member's share of excess lobb	ying expenditures		0.	

## Part IV | Supplemental Information (continued)

## Schedule C

#### **Affiliated Group Lobbying Expenditures** Part II - A

Name of Affiliated Group Member HIGH MEADOWS FUND, INC

Employer ID Number 20-0288123

Page 4

Affiliated Group Member Address 3 COURT STREET MIDDLEBURY, VT 05753

**Electing Member** YES

Limits on Lobbying Expenditures:				
Total lobbying expenditures to influence public opinion (grassroots lobbying)				
Total lobbying expenditures to	Total lobbying expenditures to influence a legislative body (direct lobbying)			b
Total lobbying expenditures (ad	dd lines 1a and 1b)		0.	С
Other exempt purpose expend	itures		1,338,298.	d
Total exempt purpose expendit	tures (add lines 1c and 1d)		1,338,298.	е
Lobbying nontaxable amount. Enter the amount from the follo	owing table:			
If the amount on line e is:	The lobbying nontaxable amount is:			
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000	1 ' '			
Over \$17,000,000	\$1,000,000		208,830.	f
Grassroots nontaxable amount	(enter 25% of line 1f)		52,208.	g
Subtract line 1g from line 1a (lin	mit to zero)		0.	h
Subtract line 1f from line 1c (lin	nit to zero)		0.	i
Member's share of excess lobb	oying expenditures		0.	

## Part IV | Supplemental Information (continued)

## Schedule C

#### **Affiliated Group Lobbying Expenditures** Part II - A

THE VERMONT COMMUNITY FOUNDATION

Name of Affiliated Group Member

J. WARREN AND LOIS MCCLURE FOUNDATION, INC.

Employer ID Number 03-0345186

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

**Electing Member** YES

_imits on Lobbying Expenditu	ıres:	
otal lobbying expenditures to	influence public opinion (grassr	pots lobbying) 0.
otal lobbying expenditures to	influence a legislative body (dire	ct lobbying) 0.
otal lobbying expenditures (ac	dd lines 1a and 1b)	0.
other exempt purpose expendi	itures	585,509.
otal exempt purpose expendit	tures (add lines 1c and 1d).	585,509.
obbying nontaxable amount.	-	
If the amount on line e is:	The lobbying nontaxable amount is:	
Not over \$500,000 > 500,000 <= 1,000,000	20% of the amount on line 1e 100,000 + 15% > 500,000	
> 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000	175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000	
Over \$17,000,000	\$1,000,000	112,826.
irassroots nontaxable amount	(enter 25% of line 1f)	28,207.
ubtract line 1g from line 1a (lir	nit to zero)	0.
ubtract line 1f from line 1c (lim	nit to zero)	0.
lember's share of excess lobb	ying expenditures	0.

## Part IV Supplemental Information (continued)

## Schedule C

#### Affiliated Group Lobbying Expenditures Part II -A

THE VERMONT COMMUNITY FOUNDATION

Name of Affiliated Group Member

ADDISON COMMUNITY ATHLETICS FOUNDATION, INC.

Employer ID Number 46-1164975

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

Electing Member NO

			Т
Limits on Lobbying Expenditu	ıres:		Lir
Total lobbying expenditures to influence public opinion (grassroots lobbying)		18	
Total lobbying expenditures to	influence a legislative body (dire	ct lobbying) 0.	k
Total lobbying expenditures (ac	dd lines 1a and 1b)	0.	
Other exempt purpose expend	itures	225,944.	d
Total exempt purpose expendit	tures (add lines 1c and 1d).	225,944.	е
Lobbying nontaxable amount. Enter the amount from the follo	wing table:		
If the amount on line e is:	The lobbying nontaxable amount is:		
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000			
Over \$17,000,000	\$1,000,000	45,189.	
Grassroots nontaxable amount	(enter 25% of line 1f)	11,297.	g
Subtract line 1g from line 1a (lir	nit to zero)	0.	h
Subtract line 1f from line 1c (lim	nit to zero)	0.	
Member's share of excess lobb	ying expenditures	0.	

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	THE VERMONT COMMUNITY FOUNDA		22-2712160
Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	270	0
2	Aggregate value of contributions to (during year)	38,721,604.	0.
3	Aggregate value of grants from (during year)	8,201,707.	0.
4	Aggregate value at end of year	107,667,396.	0.
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organized	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
_	year >	, acca, e, aga.eea, eeacca 2, ae	organization danning the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	<u> </u>	
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
·	Land voiding of floure devoted to file integring, inspecting, in	ianaling of violations, and emoroling conse	Sivation casements dailing the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	on easements during the year
•	S	ing of violations, and emoreing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e eatisfy the requirements of section 170/h	5)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?	*	
9	In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organizati	•	
		on s ilianciai statements that describes ti	le organization s accounting for
Pai	t III Organizations Maintaining Collections of	Art Historical Treasures or Otl	her Similar Assets
. u	Complete if the organization answered "Yes" on Form	-	ner emma 7.000to.
			ant and balance about works of out
ıa	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
<b>b</b> Buildings		2,020,671.	652,712.	1,367,959.			
c Leasehold improvements		4,728.	3,808.	920.			
<b>d</b> Equipment		647,681.	586,603.	61,078.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 THE VERMONT COMMU	NITY FOUNDATION		22-2	712160	Page 3
Part VII Investments - Other Securities.					r age e
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X	. line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation		of-year market	value
(1) Financial derivatives	, ,	.,			
(2) Closely-held equity interests					
(3) Other					
(A) FIXED INCOME	35,065,143.	END-OF-YEAR MARKE	T VALUE		
(B) DOMESTIC EQUITY	26,648,465.	END-OF-YEAR MARKE			
(C) GLOBAL EQUITY	69,699,236.	END-OF-YEAR MARKE			
(D) HEDGED EQUITY	22,731,119.	END-OF-YEAR MARKE			
(E) PRIVATE EQUITY	9,713,878.	END-OF-YEAR MARKE			
(F)	5,720,070.				
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	163,857,841.				
Part VIII Investments - Program Related.	200,007,022.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line:	11c See Form 900 Part Y	line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation		of-vear market	value
(1)	(a) I som rands	(c) meaned or raidant			
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X	line 15		
	Description	Tra. Occ Form 550, Fart A	., 10.	(b) Book v	/alue
(1)				(10) 20011	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)				
Part X Other Liabilities.	. 10.)				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990	Part X line 25		
1. (a) Description of liability		b) Book value	1 4117, 1110 20.		
(1) Federal income taxes	<u>`</u>				
(2) LIABILITIES ASSOCIATED WITH SPLIT INTE	REST				
(3) AGREEMENTS		10,030,908.			
(4)		20,000,000.			
(5)					
(6)					
<u>(U)</u>					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(8)

10,030,908.

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pai	t XII Reconciliation of Expenses per Audited Financia		ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	H 1		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 1	ne 18.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		Part V, line 4; Part X, line 2; Part	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
PART	V, LINE 4:			
m	VIDNOVIII GONGINITEV TOUNDARTON NILLDG EG DUTI D DUTI ANEUDO	DIG DEGOLEDADA MO		
THE	VERMONT COMMUNITY FOUNDATION HELPS TO BUILD PHILANTHRO	PIC RESOURCES TO		
arran	ATM VIDALITING AND VITUAL VIDAMONT CONSUMINATING THE POINTS	ETON GONNEGEG		
5051	AIN HEALTHY AND VITAL VERMONT COMMUNITIES. THE FOUNDA	TION CONNECTS		
7 NT	MODILITZEG DEODLE MUDOUGU GIVING MO MULMIDI V MUE IMDAGM	O.F.		
AND	MOBILIZES PEOPLE THROUGH GIVING TO MULTIPLY THE IMPACT	OF		
ритт	ANIMUDADA			
PHIL	ANTHROPY.			

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number

THE	VERMONT COMMUNITY				22-2712160	
Pa			ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV					
1				ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance ou	tside the
	United States.					
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
~===	TD11 1WED101 1WD					
	TRAL AMERICA AND		_			25 650 154
PHE	CARIBBEAN	0	0	INVESTMENTS		37,650,154.
3 a	Sub-total	0	0			37,650,154.
	Total from continuation					
-	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
-	and 3h)	1	۸ ا			37 650 154

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for an
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					I
by the IRS, or for whice <b>3</b> Enter total number of			tion 501(c)(3) equivalency lett			<b>&gt;</b>		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

# Schedule F (Form 990) 2017 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Part V	Supplemental Information
<u></u>	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

## **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

vame of the organization  THE VERMON	r COMMUNITY FOUNDATION					22-2712160	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 1		I filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P.</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	sed funds through any of the following and solicitate and solicitate and solicitate art VII) or entity in connection with providuals or entities (fundraisers) pursus	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
I List all states in which the organizatio or licensing.	on is registered or licensed to solicit		utions	s or has been notified	d it is	exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2017

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

		le G (Form 990 or 990-EZ) 2017 THE VERMON				712160 Page <b>2</b>
Pa	rt		-			
		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1 VERMONT WOMEN'S	(b) Event #2	(c) Other events	(d) Total events
				SAMARA FUND	NONE	(add col. (a) through
			FUND FUNDRAISERS (event type)	FUNDRAISER (event type)	(total number)	col. <b>(c)</b> )
ıne			(event type)	(event type)	(total number)	+
Revenue	1	Gross receipts	82,373.	4,050.		86,423.
	2	Less: Contributions	55,180.	0.		55,180.
	3	Gross income (line 1 minus line 2)	27,193.	4,050.		31,243.
		, , , , , , , , , , , , , , , , , , , ,	,	,		
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	9,015.			9,015.
≅xb€	Ŭ	There is a surface in the surface in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,7-1
rect F	7	Food and beverages	860.	525.		1,385.
Θ	8	Entertainment	8,698.	100.		8,798.
	9	Other direct expenses				12,893.
	10	Direct expense summary. Add lines 4 throug			<b>&gt;</b>	32,091.
	11	Net income summary. Subtract line 10 from l	line 3, column (d)		<b>&gt;</b>	-848.
Pa	rt		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	_	1		1
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		Coi. (a) trirough coi. (c)
Re	_	Cuana mayanya				
_		Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	_	Other direct eveness				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
		Volanicos iapoi				
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization cond	_			
		the organization licensed to conduct gaming a				Yes No
b	IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	vear?	Yes No
		Yes," explain:			<i>y</i> = •	
_		· · ·				

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 THE VERMONT COMMUNITY FOUNDATION 22	2-2/12160	Page 3
11 Does the organization conduct 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 conducted in:		
	امدا	0.4
a The organization's facility		%
<b>b</b> An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	•	
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Does the organization have a contract with a third party from whom the organization receives gaming revenue?	163	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	t	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address ▶		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
<u> </u>		
Description of services provided		
Description of services provided P		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
rotain the state gaming licenses?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		
	.rie	
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines 9, 9b, 1	0b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	THE VERMONT COMMUNITY FOUNDATION	22-2712160	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		
•				
	<u> </u>			

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization							Employer identification	n number
THE VERMONT CO		DATION					22-27121	50
Part I General Information on Grants a								
<b>1</b> Does the organization maintain records								
criteria used to award the grants or assi	stance?						X Yes	No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Par	t IV, line 21, for any	
recipient that received more than	i -	· ·	1		(f) Method of	(a) Description of	(la) Di umana af a	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
AIDS PROJECT OF SOUTHERN VERMONT 15 GROVE STREET								
BRATTLEBORO, VT 05302	22-2950456	501(C)(3)	5,150.	0.			GEN. SUPPORT	
FOOD CONNECTS 45 FARMHOUSE SQUARE BRATTLEBORO, VT 05301	46-2372533	501(C)(3)	5,250.	0.			GEN, SUPPORT	
ECHO LAKE AQUARIUM AND SCIENCE CENTER - 1 COLLEGE STREET - BURLINGTON, VT 05401	03-0347288	501(c)(3)	5,250.	0.			GEN, SUPPORT	
RICHMOND CONGREGATIONAL CHURCH P.O. BOX 302 RICHMOND, VT 05477	03-0272817	501(C)(3)	5,300.	0.			GEN. SUPPORT	
TOWN OF SHELBURNE/PIERSON LIBRARY P.O. BOX 88 SHELBURNE, VT 05482	03-6000683	MUNICIPAL	5,300.	0.			GEN. SUPPORT	
WOODSTOCK COMMUNITY FOOD SHELF 217 MAXHAM MEADOW WAY WOODSTOCK, VT 05091	30-0478586	501(C)(3)	5,350.	0.			GEN. SUPPORT	
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				<b> </b>	356.
3 Enter total number of other organization	s listed in the line	1 table						0.

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	İ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCE TRANSIT							
P.O. BOX 1027							
WILDER, VT 05088	22-2558708	501(C)(3)	5,500.	0.			GEN. SUPPORT
DORSET THEATRE FESTIVAL							
P.O. BOX 510							
DORSET, VT 05251	03-0267296	501(C)(3)	5,500.	0.			GEN. SUPPORT
BURR & BURTON ACADEMY							
57 SEMINARY AVENUE							
MANCHESTER, VT 05254	03-0179404	501(C)(3)	5,500.	0.			GEN. SUPPORT
LOCAL MOTION							
1 STEELE STREET #103	02 0261400	501 (6) (2)	F 500	0			G T
BURLINGTON, VT 05401	03-0361422	501(C)(3)	5,500.	0.			GEN. SUPPORT
MAGICIANS WITHOUT BORDERS							
P.O BOX 3							
BRISTOL, VT 05443	75-3144325	501(C)(3)	5,500.	0.			GEN. SUPPORT
TOWN OF WAITSFIELD - JOSLIN							
MEMORIAL LIBRARY - P.O. BOX 283 -	02 6000506	501 (6) (2)	F 500	0			G T
WAITSFIELD, VT 05673	03-6000726	501(C)(3)	5,500.	0.			GEN. SUPPORT
AMNESTY INTERNATIONAL USA							
5 PENN PLAZA, 16TH FLOOR							
NEW YORK, NY 10001	52-0851555	501(C)(3)	5,500.	0.			GEN. SUPPORT
DAVIDSON MIDDLE SCHOOL							
280 WOODLAND AVENUE							
SAN RAFAEL, CA 94901	68-0194365	501(C)(3)	5,500.	0.			GEN. SUPPORT
GREEN MOUNTAIN CLUB							
4711 WATERBURY-STOWE ROAD							
WATERBURY CENTER, VT 05677	03-0162865	501(C)(3)	5,719.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN FOREST CENTER, INC.							
18 NORTH MAIN STREET							
CONCORD, NH 03302	22-3458955	501(C)(3)	5,750.	0.			GEN. SUPPORT
GREEN MOUNTAIN HABITAT FOR			,				
HUMANITY - 300 CORNERSTONE DRIVE,							
SUITE 335 - WILLISTON, VT							
05495-4031	22-2558923	501(C)(3)	5,750.	0.			GEN. SUPPORT
HUMANE SOCIETY OF CHITTENDEN							
COUNTY - 142 KINDNESS COURT -							
SOUTH BURLINGTON, VT 05403	03-0193150	501(C)(3)	5,756.	0.			GEN. SUPPORT
,			,				
CAMP THORPE, INC.							
680 CAPEN HILL ROAD							
BRANDON, VT 05733	03-0183587	501(C)(3)	5,790.	0.			GEN. SUPPORT
HARTFORD MEMORIAL MIDDLE SCHOOL							
245 HIGHLAND AVENUE	03 6000504	anit at D. I	5 505				GTW GUDDODE
WHITE RIVER JUNCTION, VT 05001	03-6000504	MUNICIPAL	5,795.	0.			GEN. SUPPORT
FRANKLIN COUNTY ANIMAL RESCUE							
30 SUNSET MEADOW LANE							
ST. ALBANS, VT 05478	03-0275269	501(C)(3)	5,806.	0.			GEN. SUPPORT
,			, -	<u> </u>			
UPPER VALLEY LAND TRUST							
19 BUCK ROAD							
HANOVER, NH 03755	02-0387997	501(C)(3)	5,850.	0.			GEN. SUPPORT
CENTRAL VERMONT HOME HEALTH &							
HOSPICE - 600 GRANGER ROAD -							
BARRE, VT 05641	03-0186089	501(C)(3)	5,850.	0.			GEN. SUPPORT
DOLLIMNEY MEMMONEE MARIENA							
POULTNEY METTOWEE NATURAL RESOURCES CONSERVATION DISTRICT -							
P.O. BOX 209 - POULTNEY, VT 05764	03-0237066	501(C)(3)	5,860.	0.			GEN. SUPPORT
1.0. DOX 209 - FOULTMET, VI 05/64	03-0237000	Pot(C)(3)	3,000.	· ·			GEN. BUFFORT

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LISTEN COMMUNITY SERVICES										
60 HANOVER STREET										
LEBANON, NH 03766	23-7225952	501(C)(3)	6,000.	0.			GEN. SUPPORT			
	20 /220902		,,,,,,							
GRANITE UNITED WAY - UPPER VALLEY										
REGION - 21 TECHNOLOGY DRIVE,										
SUITE 4 - WEST LEBANON, NH 03784	02-6006033	501(C)(3)	6,000.	0.			GEN. SUPPORT			
GLOBAL CAMPUSES FOUNDATION										
43 SOUTH MAIN STREET, SUITE 3										
RANDOLPH, VT 05060	86-1028759	501(C)(3)	6,000.	0.			GEN. SUPPORT			
NORMAN WILLIAMS PUBLIC LIBRARY										
10 THE GREEN	00 04 70004	504 (5) (2)								
WOODSTOCK, VT 05091	03-0179304	501(C)(3)	6,000.	0.			GEN. SUPPORT			
SPRINGFIELD FAMILY CENTER										
365 SUMMER STREET										
SPRINGFIELD, VT 05156	03-0265213	501(C)(3)	6,000.	0.			GEN. SUPPORT			
DIMINGITED, VI 00100	03 0203213	301(0)(3)	0,000.	• • • • • • • • • • • • • • • • • • • •			Derroit			
HOLTON HOME, INC. (DBA BRADLEY										
HOUSE) - 158 WESTERN AVENUE -										
BRATTLEBORO, VT 05301	03-0179416	501(C)(3)	6,000.	0.			GEN. SUPPORT			
OHAVI ZEDEK SYNAGOGUE										
188 NORTH PROSPECT STREET										
BURLINGTON, VT 05401	03-0181057	501(C)(3)	6,000.	0.			GEN. SUPPORT			
JANET S. MUNT FAMILY ROOM										
20 ALLEN STREET										
BURLINGTON, VT 05401	81-5449524	501(C)(3)	6,000.	0.			GEN. SUPPORT			
ampha me mun newnamaa waa										
STEPS TO END DOMESTIC VIOLENCE										
P.O. BOX 1535	02 0202657	E01/G)/3)	6 000	_			CEN CIDDODE			
BURLINGTON, VT 05402	03-0283657	DOT(C)(3)	6,000.	0.			GEN. SUPPORT			

Part II Continuation of Grants and Othe	r Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL SQUARE CORPORATION							
412 FARRELL STREET, SUITE 100							
SOUTH BURLINGTON, VT 05403	03-0264362	501(C)(3)	6,000.	0.			GEN. SUPPORT
GEDAKINA, INC							
P.O. BOX 9061							
ESSEX CENTER, VT 05451	33-1075692	501(C)(3)	6,000.	0.			GEN. SUPPORT
INSTITUTE FOR SUSTAINABLE							
COMMUNITIES - 535 STONE CUTTERS							
WAY - MONTPELIER, VT 05602	22-3098727	501(C)(3)	6,000.	0.			GEN. SUPPORT
IAMOTILE EAMTLY CENTED INC							
LAMOILLE FAMILY CENTER, INC. 480 CADY'S FALLS ROAD							
MORRISVILLE, VT 05661	03-0277640	501(C)(3)	6,000.	0.			GEN. SUPPORT
,							
NORTH CENTRAL VERMONT RECOVERY							
CENTER - 275 BROOKLYN STREET,							
SUITE 2 - MORRISVILLE, VT 05661	30-0629279	501(C)(3)	6,000.	0.			GEN. SUPPORT
WOODBURY ELEMENTARY SCHOOL							
P.O. BOX 328							
WOODBURY, VT 05681	03-0262986	501(C)(3)	6,000.	0.			GEN. SUPPORT
RUTLAND CITY PUBLIC SCHOOLS 6 CHURCH STREET							
RUTLAND, VT 05701	03-6000658	MUNICIPAL	6,000.	0.			GEN. SUPPORT
ROIMED, VI 03701	03 0000030	HONTETIME	0,000.	••			DEN, BOTTOKT
MILL RIVER UNION HIGH SCHOOL							
2321 MIDDLE ROAD							
NORTH CLARENDON, VT 05759	23-7349055	501(C)(3)	6,000.	0.			GEN. SUPPORT
ALLIED ARTISTS OF AMERICA							
47 FIFTH AVE.							
NEW YORK, NY 10003	13-6116201	501(C)(3)	6,000.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIXBY MEMORIAL FREE LIBRARY							
258 MAIN STREET							
VERGENNES, VT 05491	41-2102562	501(C)(3)	6,015.	0.			GEN. SUPPORT
			,	-			-
GREEN MOUNTAIN HORSE ASSOCIATION							
P.O. BOX 8							
SOUTH WOODSTOCK, VT 05071	03-6011708	501(C)(3)	6,150.	0.			GEN. SUPPORT
ADDISON COUNTY COMMUNITY TRUST							
272 MAIN STREET				_			
VERGENNES, VT 05491-0311	22-3032009	501(C)(3)	6,250.	0.			GEN. SUPPORT
TOWN OF PEACHAM							
P.O. BOX 244 PEACHAM, VT 05862	03-6000621	MUNICIPAL	6,380.	0.			GEN. SUPPORT
PEACHAM, VI 03002	03-0000021	MONICIPAL	0,300.	0.			GEN. SUFFORT
CENTER FOR NORTHERN WOODLANDS							
EDUCATION, INC 1776 CENTER ROAD							
- CORINTH, VT 05039	02-0507029	501(C)(3)	6,500.	0.			GEN. SUPPORT
			·				
CHANDLER CENTER FOR THE ARTS, INC.							
71-73 MAIN STREET							
RANDOLPH, VT 05060	03-0266500	501(C)(3)	6,500.	0.			GEN. SUPPORT
NORTHSHIRE GROWS							
147 GREEN PEAK ORCHARD NORTH				_			
EAST DORSET, VT 05253	82-1455828	501(C)(3)	6,500.	0.			GEN. SUPPORT
MIDWIFF DIICRIM							
MIDWIFE PILGRIM 600 ELM STREET							
MONTPELIER, VT 05602	47-4315112	501(C)(3)	6,500.	0.			GEN. SUPPORT
MONITEDIER, VI 03002	41-4212112	501(0/(3/	0,300.	0.			GEM. BUFFORT
CENTRAL VERMONT ADULT BASIC							
EDUCATION - 46 WASHINGTON STREET,							
SUITE 100 - BARRE, VT 05641	03-0238309	501(C)(3)	6,500.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VERMONT ACHIEVEMENT CENTER, INC.										
88 PARK STREET										
RUTLAND, VT 05702	03-0179407	501(C)(3)	6,500.	0.			GEN. SUPPORT			
MOUNT OF MANNOYMY										
TOWN OF TINMOUTH										
515 NORTH END ROAD TINMOUTH, VT 05773	03-0221987	MUNICIPAL	6,500.	0.			GEN. SUPPORT			
IINMOOTH, VI 03773	03-0221987	MONICIPAL	0,300.	0.			GEN. SUFFORT			
INTERVALE CENTER, INC.										
180 INTERVALE ROAD										
BURLINGTON, VT 05401	03-0329656	501(C)(3)	6,578.	0.			GEN. SUPPORT			
NAMI-VT: NATIONAL ALLIANCE ON										
MENTAL ILLNESS - 600 BLAIR PARK,										
SUITE 301 - WILLISTON, VT										
05495-7589	03-0297954	501(C)(3)	6,597.	0.			GEN. SUPPORT			
NORTHWOODS STEWARDSHIP CENTER										
154 LEADERSHIP DRIVE				_						
EAST CHARLESTON, VT 05833	03-0346759	501(C)(3)	6,617.	0.			GEN. SUPPORT			
ENTITO OMENIAL DEFENCE BIND										
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH										
NEW YORK, NY 10010	11-6107128	501(C)(3)	6,621.	0.			GEN. SUPPORT			
NEW TORK, NT 10010	11-010/120	501(0)(3)	0,021.	0.			GEN. SUFFORT			
HOMEWARD BOUND ADIRONDACKS										
P.O. BOX 1100										
SARANAC LAKE, NY 12983	27-4892529	501(C)(3)	6,800.	0.			GEN. SUPPORT			
			·							
SAMARITAN HOUSE, INC.										
24 KINGMAN STREET										
ST. ALBANS, VT 05478	03-0330331	501(C)(3)	6,900.	0.			GEN. SUPPORT			
VERMONT STATE 4-H FOUNDATION, INC.										
86 SUMMER STREET, SUITE 1										
BARRE, VT 05641	03-6010151	501(C)(3)	6,908.	0.			GEN. SUPPORT			

Schedule I (Form 990)

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRADLE TO GRAVE ARTS							
P.O. BOX 8							
CHELSEA, VT 05038	22-3092913	501(C)(3)	7,000.	0.			GEN. SUPPORT
VERMONT PERFORMANCE LAB							
561 FITCH ROAD GUILFORD, VT 05301	45-2398900	501(C)(3)	7,000.	0.			GEN. SUPPORT
MONTEVERDI ARTISTS COLLABORATIVE 1103 PACKER CORNERS ROAD							
GUILFORD, VT 05301	23-7037872	501(C)(3)	7,000.	0.			GEN. SUPPORT
350 VERMONT 255 SOUTH CHAMPLAIN STREET, SUITE	46-3647561	501(C)(3)	7,000.	0.			GEN. SUPPORT
BURLINGTON, VT 05401	40-304/301	501(C)(3)	7,000.	0.			GEN. SUPPORT
BURLINGTON SCHOOLS FOUNDATION P.O. BOX 3307							
BURLINGTON, VT 05408	03-0352489	501(C)(3)	7,000.	0.			GEN. SUPPORT
BARRE PRESBYTERIAN CHURCH 19 SEMINARY STREET BARRE, VT 05641	03-0253496	RELIGIOUS	7,000.	0.			GEN. SUPPORT
BARRE, VI 03041	03 0233430	REDIGIOUS	7,000.	0.			GEN. BULLOKI
TOWN OF POULTNEY 9 MAIN STREET							
POULTNEY, VT 05764	03-6000630	MUNICIPAL	7,000.	0.			GEN. SUPPORT
FRIENDS OF ISRAEL DEFENSE FORCES/PALM BEAC/BROWARD CHAPTER - 7700 CONGRESS AVENUE - BOCA RATON,							
FL 33487	13-3156445	501(C)(3)	7,000.	0.			GEN. SUPPORT
BERMUDA INSTITUTE OF OCEAN SCIENCES - BIOS - 152-01 ROCKAWAY							
BLVD IBC# 9013 - JAMAICA, NY 11434	06-0706038	501(C)(3)	7,331.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN PINES HOUSING TRUST 226 HOLIDAY DRIVE, SUITE 20 WHITE RIVER JCT., VT 05001	22-2809527	501(C)(3)	7,500.	0.			GEN. SUPPORT
GREEN MOUNTAIN CROSSROADS P.O. BOX 1685 BRATTLEBORO, VT 05302	45-5246211	501(C)(3)	7,500.	0.			GEN. SUPPORT
POULTNEY HISTORICAL SOCIETY 1500 EAST MAIN STREET POULTNEY, VT 05764	23-7044602	501(C)(3)	7,500.	0.			GEN. SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	7,500.	0.			GEN. SUPPORT
THOMAS EDISON HIGH SCHOOL 700 22ND AVE NE MINNEAPOLIS, MN 55412	41-6023937	501(C)(3)	7,500.	0.			GEN. SUPPORT
COMMUNITY FOUNDATION OF JACKSON HOLE - P.O. BOX 574 - JACKSON, WY 83001	83-0308856	501(C)(3)	7,500.	0.			GEN. SUPPORT
BRATTLEBORO SUNRISE FOUNDATION P.O. BOX 1995 BRATTLEBORO, VT 05301-1995	46-1770115	501(C)(3)	7,500.	0.			GEN. SUPPORT
MT. ASCUTNEY HOSPITAL & HEALTH CENTER - 289 COUNTY ROAD - WINDSOR, VT 05089	03-0183721	501(C)(3)	7,550.	0.			GEN. SUPPORT
RUTLAND CITY PUBLIC SCHOOLS 6 CHURCH STREET RUTLAND, VT 05701	30-0511861	MUNICIPAL	7,654.	0.			GEN. SUPPORT

•							
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENTANGLE COUNCIL ON THE ARTS							
31 THE GREEN							
WOODSTOCK, VT 05091	03-0237947	501(C)(3)	7,670.	0.			GEN. SUPPORT
ADDISON COUNTY HUMANE SOCIETY							
236 BOARDMAN STREET							
MIDDLEBURY, VT 05753	03-0264068	501(C)(3)	7,686.	0.			GEN. SUPPORT
ORLEANS COUNTY HISTORICAL SOCIETY,			·				
INC. D/B/A OLD STONE HOUSE MUSEUM							
- 109 OLD STONE HOUSE ROAD -							
BROWNINGTON, VT 05860	03-6010727	501(C)(3)	7,687.	0.			GEN. SUPPORT
HIGH HORSES THERAPEUTIC RIDING							
PROGRAM - P.O. BOX 278 - SHARON,							
VT 05065	02-0461109	501(C)(3)	7,739.	0.			GEN. SUPPORT
DISMAS OF VERMONT, INC.							
103 EAST ALLEN STREET							
WINOOSKI, VT 05404	03-0369442	501(C)(3)	7,750.	0.			GEN. SUPPORT
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- •			
RIVER ARTS OF MORRISVILLE, INC.							
74 PLEASANT STREET							
MORRISVILLE, VT 05661	03-0368569	501(C)(3)	7,775.	0.			GEN. SUPPORT
U.S. FUND FOR UNICEF							
125 MAIDEN LANE				_			
NEW YORK, NY 10038	13-1760110	501(C)(3)	7,800.	0.			GEN. SUPPORT
BADDE ODEDA HOIIGE INC							
BARRE OPERA HOUSE, INC. 6 NORTH MAIN STREET							
BARRE, VT 05641	03-0270440	501(C)(3)	7,910.	0.			GEN. SUPPORT
	03 02/0440	501(0)(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.			DIII. BOITORI
BARRE HISTORICAL SOCIETY							
P.O. BOX 496							
BARRE, VT 05641	03-6010615	501(C)(3)	8,000.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT. MANSFIELD EDUCATIONAL FOUNDATION, INC 403 SPRUCE PEAK ROAD - STOWE, VT 05672		501(C)(3)	8,000.	0.			GEN. SUPPORT
AGRICULTURAL JUSTICE PROJECT 214 WEST UNIVERSITY AVENUE, SUITE GAINESVILLE, FL 32601	35-2484219	501(C)(3)	8,000.	0.			GEN. SUPPORT
IMAGES & VOICES OF HOPE 3712 N. BROADWAY AVENUE, UNIT 330 CHICAGO, IL 60613	26-0385592	501(C)(3)	8,000.	0.			GEN. SUPPORT
MOCKINGBIRD FOUNDATION 12407 WILLOW GROVE COURT MOORPARK, CA 93021	16-1529562	501(C)(3)	8,000.	0.			GEN. SUPPORT
LAKE CHAMPLAIN LAND TRUST ONE MAIN STREET, SUITE 205 BURLINGTON, VT 05401	03-0267331	501(C)(3)	8,050.	0.			GEN. SUPPORT
HOMESHARE VERMONT 412 FARRELL STREET, SUITE 300 SOUTH BURLINGTON, VT 05403	13-4287957	501(C)(3)	8,050.	0.			GEN. SUPPORT
VERMONT ARTS COUNCIL 136 STATE STREET MONTPELIER, VT 05633	03-0218115	501(C)(3)	8,122.	0.			GEN. SUPPORT
MARION CROSS SCHOOL 22 CHURCH STREET NORWICH, VT 05055	03-6000610	MUNICIPAL	8,153.	0.			GEN. SUPPORT
GREATER BURLINGTON YMCA 266 COLLEGE STREET BURLINGTON, VT 05401	03-0185810	501(C)(3)	8,231.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST KINGDOM COMMUNITY							
ACTION, INC P.O. BOX 346 -							
NEWPORT, VT 05855	03-0276709	501(C)(3)	8,250.	0.			GEN. SUPPORT
MANCHESTER HISTORICAL SOCIETY							
P.O. BOX 363							
MANCHESTER, VT 05254	03-6007649	501(C)(3)	8,500.	0.			GEN. SUPPORT
COMMON ROOTS, INC.							
1100 DORSET STREET							
SOUTH BURLINGTON, VT 05403	26-4146964	501(C)(3)	8,500.	0.			GEN. SUPPORT
GTVTTD TOD 111 1 GD 2011 TVD 1 7 GOVOVI							
CENTER FOR AN AGRICULTURAL ECONOMY							
(CAE) - 140 JUNCTION RD -	57-1201683	E01/G\/3\	0 500	0.			CEN CUDDODM
HARDWICK, VT 05843	57-1201663	501(C)(3)	8,500.	0.			GEN. SUPPORT
KIDS ON THE BALL							
19 LINDENWOOD DRIVE							
SOUTH BURLINGTON, VT 05403	47-4303706	501(C)(3)	8,558.	0.			GEN. SUPPORT
albumit academ at up							
CAPITAL SOCCER CLUB							
4 NORTH PARK DRIVE MONTPELIER, VT 05602	34-2034406	501(C)(3)	9,000.	0.			GEN. SUPPORT
HONITEBLER, VI 03002	34 2034400	501(0)(3)	3,000.	0.			GEN. BOITOKI
ST. PAUL'S EPISCOPAL CHURCH							
P.O. BOX 726							
WELLS, VT 05774	03-6006922	501(C)(3)	9,000.	0.			GEN. SUPPORT
VERMONT PUBLIC LIBRARY FOUNDATION							
109 STATE STREET		504 (5) (2)	0.65-				
MONTPELIER, VT 05609	03-0366848	501(C)(3)	9,207.	0.			GEN. SUPPORT
UNION CHURCH OF PROCTOR							
5 CHURCH STREET							
PROCTOR, VT 05765	03-6009103	RELIGIOUS	9,228.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
03-0179440	501(C)(3)	9,250.	0.			GEN. SUPPORT			
03-0197766	501(C)(3)	9 300	0			GEN. SUPPORT			
03 0137700	501(0)(3)	3,300.	<u> </u>			GEN. BUITOKI			
22-3133388	501(C)(3)	9,300.	0.			GEN. SUPPORT			
		,							
22-2835049	501(C)(3)	9,367.	0.			GEN. SUPPORT			
03-0222134	501(C)(3)	9,495.	0.			GEN. SUPPORT			
03-0295419	501(C)(3)	9,500.	0.			GEN. SUPPORT			
00.04.0000	504 (5) (2)	0.500							
03-0179298	501(C)(3)	9,500.	0.			GEN. SUPPORT			
22 2000644	E01/G)/3)	0.535	_			GIN GUDDODE			
22-2990644	DUI(C)(3)	9,737.	0.			GEN. SUPPORT			
01_0581546	501(C)(3)	9 927	^			GEN. SUPPORT			
	03-0179440 03-0197766 22-3133388 22-2835049 03-0222134 03-0295419 03-0179298	03-0179440 501(c)(3)  03-0197766 501(c)(3)  22-3133388 501(c)(3)  22-2835049 501(c)(3)  03-0222134 501(c)(3)  03-0295419 501(c)(3)  22-2990644 501(c)(3)	03-0179440 501(C)(3) 9,250.  03-0197766 501(C)(3) 9,300.  22-3133388 501(C)(3) 9,300.  22-2835049 501(C)(3) 9,367.  03-0222134 501(C)(3) 9,495.  03-0295419 501(C)(3) 9,500.  03-0179298 501(C)(3) 9,500.	if applicable     cash grant     non-cash assistance       03-0179440     501(c)(3)     9,250.     0.       03-0197766     501(c)(3)     9,300.     0.       22-3133388     501(c)(3)     9,300.     0.       22-2835049     501(c)(3)     9,367.     0.       03-0222134     501(c)(3)     9,495.     0.       03-0295419     501(c)(3)     9,500.     0.       03-0179298     501(c)(3)     9,500.     0.       22-2990644     501(c)(3)     9,737.     0.	if applicable     cash grant     non-cash assistance     (valuation (book, FMV, appraisal, other)       03-0179440     501(c)(3)     9,250.     0.       03-0197766     501(c)(3)     9,300.     0.       22-3133388     501(c)(3)     9,300.     0.       22-2835049     501(c)(3)     9,367.     0.       03-0222134     501(c)(3)     9,495.     0.       03-0295419     501(c)(3)     9,500.     0.       03-0179298     501(c)(3)     9,500.     0.       22-2990644     501(c)(3)     9,737.     0.	if applicable cash grant non-cash assistance (book, FMV, appraisal, other) non-cash assistance (			

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	1 40
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRIPALU CENTER FOR YOGA & HEALTH							
P.O. BOX 309							
STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	10,000.	0.			GEN. SUPPORT
LINCOLN INSTITUTE OF LAND POLICY							
113 BRATTLE STREET							
CAMBRIDGE, MA 02138	86-6021106	501(C)(3)	10,000.	0.			GEN. SUPPORT
GATEWAY ARTS							
60-62 HARVARD STREET							
BROOKLINE, MA 02445	04-2632219	501(C)(3)	10,000.	0.			GEN. SUPPORT
			, -	-			
WEST CENTRAL SERVICES, INC.							
9 HANOVER STREET, SUITE 2							
LEBANON, NH 03766	22-2645978	501(C)(3)	10,000.	0.			GEN. SUPPORT
VERMONT LAW SCHOOL							
164 CHELSEA STREET							
SOUTH ROYALTON, VT 05068	23-7251952	501(C)(3)	10,000.	0.			GEN. SUPPORT
SOUTHERN VERMONT AREA HEALTH							
EDUCATION CENTER (AHEC) - 55							
CLINTON STREET, SUITE 1 -	02 0260102	501/61/21	10.000				G TW G TYP D D TH
SPRINGFIELD, VT 05156	03-0360193	501(C)(3)	10,000.	0.			GEN. SUPPORT
BENNINGTON COALITION FOR THE							
HOMELESS - 212 PLEASANT STREET -							
BENNINGTON, VT 05201	03-0346663	501(C)(3)	10,000.	0.			GEN. SUPPORT
				- •			
MANCHESTER RIVERWALK ASSOCIATION							
P.O. BOX 795							
MANCHESTER CENTER, VT 05255	46-3360811	501(C)(3)	10,000.	0.			GEN. SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF							
BURLINGTON, VT - 16 SOUTH WINOOSKI	1	504 (5) (5)		_			
AVENUE - BURLINGTON, VT 05401	03-0287584	pu1(C)(3)	10,000.	0.			GEN. SUPPORT

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT ASSOC. FOR THE BLIND &							
VISUALLY IMPAIRED (VABVI) - 60							
KIMBALL AVENUE - SO. BURLINGTON,		504 (5) (2)	10.000				
VT 05403	03-6000834	501(C)(3)	10,000.	0.			GEN. SUPPORT
GREEN MOUNTAIN SELF-ADVOCATES							
2 PROSPECT STREET, SUITE 6							
MONTPELIER, VT 05602	01-0971799	501(C)(3)	10,000.	0.			GEN. SUPPORT
VERMONT ASSOCIATION FOR MENTAL	01 03/11/33	501(0)(3)	10,000.	٠.			GEN. BUITORI
HEALTH & ADDICTION RECOVERY - 100							
STATE STREET, SUITE 352 -							
MONTPELIER, VT 05602	03-0226306	501(C)(3)	10,000.	0.			GEN. SUPPORT
MONITEDIEK, VI 03002	03 0220300	501(0/(3/	10,000.	٠.			GEN. BOTTOKI
VERMONT RECOVERY NETWORK							
233 MAIN STREET							
MONTPELIER, VT 05602	32-0251343	501(C)(3)	10,000.	0.			GEN. SUPPORT
	02 0202010		10,000.				
MEALS ON WHEELS OF LAMOILLE							
COUNTY, INC 24 UPPER MAIN							
STREET - MORRISVILLE, VT 05661	22-3240238	501(C)(3)	10,000.	0.			GEN. SUPPORT
,							
PARAMOUNT CENTER, INC.							
30 CENTER STREET							
RUTLAND, VT 05701	22-2528303	501(C)(3)	10,000.	0.			GEN. SUPPORT
,			<u> </u>				
THE MENTOR CONNECTOR							
110 MERCHANTS ROW							
KILLINGTON, VT 05701	65-1290104	501(C)(3)	10,000.	0.			GEN. SUPPORT
THE KEEWAYDIN FOUNDATION							
950 WEST SHORE RD							
SALISBURY, VT 05769	04-2721019	501(C)(3)	10,000.	0.			GEN. SUPPORT
NIGHT FALL							
45 CHURCH STREET							
HARTFORD, CT 06103	46-3282277	501(C)(3)	10,000.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
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RED BULL THEATER							
191 SEVENTH AVE., SUITE 2S							
NEW YORK, NY 10011	55-0821968	501(C)(3)	10,000.	0.			GEN. SUPPORT
			,				
WOMEN OF WIND ENERGY (WRISE)							
155 WATER STREET							
BROOKLYN, NY 11201	26-4632891	501(C)(3)	10,000.	0.			GEN. SUPPORT
THE NEIGHBORHOOD ACADEMY							
709 NORTH AIKEN AVENUE	05 4046600	504 ( 5 ) ( 2 )	40.000				
PITTSBURGH, PA 15206	25-1816609	501(C)(3)	10,000.	0.			GEN. SUPPORT
AMERICAN ASSOCIATION OF							
SUICIDOLOGY - 5221 WISCONSIN							
AVENUE - WASHINGTON, DC 20015	95-2930701	501(C)(3)	10,000.	0.			GEN. SUPPORT
monimeton, be been	33 2330701	301(0)(3)	10,000.	•			DIN, BOTTONI
NATIONAL COMPASSION FUND							
2000 M STREET, NW, SUITE 480							
WASHINGTON, DC 20036	30-0022798	501(C)(3)	10,000.	0.			GEN. SUPPORT
HEALTH CARE WITHOUT HARM							
12355 SUNRISE VALLEY DRIVE, SUITE							
RESTON, VA 20191	52-2358837	501(C)(3)	10,000.	0.			GEN. SUPPORT
NOKOTA HORSE CONSERVANCY							
208 NW 1ST ST.	24 4670000	504 ( 5) ( 2)	40.000				
LINTON, ND 58552	31-1672930	501(C)(3)	10,000.	0.			GEN. SUPPORT
BREAST CANCER FUND							
1388 SUTTER STREET, SUITE 400							
SAN FRANCISCO, CA 94109	94-3155886	501(C)(3)	10,000.	0.			GEN. SUPPORT
	21 3133000	552(5)(5)	13,300.				
WILD SALMON CENTER							
721 NW NINTH AVENUE, SUITE 300							
PORTLAND, OR 97209	94-3166095	501(C)(3)	10,000.	0.			GEN. SUPPORT

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SAHAR EDUCATION INTERNATIONAL							
P.O. BOX 17672							
SEATTLE, WA 98127	26-4215477	501(C)(3)	10,000.	0.			GEN. SUPPORT
			,				
THE WILLIAMSTOWN ENDOWMENT FUND,							
INC P.O. BOX 315 -							
WILLIAMSTOWN, VT 05679	22-3032870	501(C)(3)	10,135.	0.			GEN. SUPPORT
VERMONT REFUGEE RESETTLEMENT							
PROGRAM - 462 HEGEMAN AVE, SUITE 101 - COLCHESTER, VT 05446	13-1878704	501(C)(3)	10,250.	0.			GEN. SUPPORT
TOT - COLCRESIER, VI 03440	13-1070704	501(0/(3/	10,230.	0.			GEN. SUFFORT
CRAFT EMERGENCY RELIEF FUND							
535 STONE CUTTERS WAY, STE 202							
MONTPELIER, VT 05602	13-3273980	501(C)(3)	10,250.	0.			GEN. SUPPORT
PRESIDENT AND FELLOWS OF HARVARD							
COLLEGE - 124 MOUNT AUBURN STREET							
- CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	10,300.	0.			GEN. SUPPORT
NORTH UNIVERSALIST CHAPEL SOCIETY							
7 CHURCH STREET	23-7211670	RELIGIOUS	10 200				GEN GUDDODE
WOODSTOCK, VT 05091	23-7211670	RELIGIOUS	10,300.	0.			GEN. SUPPORT
RUTLAND FREE LIBRARY ASSOCIATION,							
INC 10 COURT STREET - RUTLAND,							
VT 05701	03-0181060	501(C)(3)	10,378.	0.			GEN. SUPPORT
			·				
TOWN OF JOHNSON							
293 LOWER MAIN WEST							
JOHNSON, VT 05656	03-6000530	MUNICIPAL	10,400.	0.			GEN. SUPPORT
POULTNEY TOWN SCHOOL DISTRICT							
168 YORK STREET	02 (000631	E01/G)/3	10 450	_			GEN GUDDODE
POULTNEY, VT 05764	03-6000631	501(C)(3)	10,472.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
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CONSERVATION LAW FOUNDATION 62 SUMMER STREET							
BOSTON, MA 02110	04-6149986	501(C)(3)	10,500.	0.			GEN. SUPPORT
FOOD 4 FARMERS 523 ISHAM RD							
HINESBURG, VT 05461	27-2267267	501(C)(3)	10,500.	0.			GEN. SUPPORT
UNITED WAY OF LAMOILLE COUNTY 20 MORRISVILLE PLAZA, SUITE B MORRISVILLE, VT 05661	22-2774485	501(C)(3)	10,500.	0.			GEN. SUPPORT
TETON SCIENCE SCHOOL 700 COYOTE CANYON ROAD			,				
JACKSON, WY 83001-9953	83-0219163	501(C)(3)	10,500.	0.			GEN. SUPPORT
CONGREGATION OF TEMPLE SINAI, INC. 500 SWIFT STREET	02 6040046	501/(2)/(2)	10.530				
SOUTH BURLINGTON, VT 05403	03-6012816	501(C)(3)	10,532.	0.			GEN. SUPPORT
VERMONT INSTITUTE OF NATURAL SCIENCE (VINS) - 149 NATURES WAY - QUECHEE, VT 05059	03-0231665	501(C)(3)	10,821.	0.			GEN. SUPPORT
HELEN DAY ART CENTER P.O. BOX 411							
STOWE, VT 05672	03-0284825	501(C)(3)	11,056.	0.			GEN. SUPPORT
VERMONT COMMONS SCHOOL 75 GREEN MOUNTAIN DRIVE							
SOUTH BURLINGTON, VT 05403	04-3371660	501(C)(3)	11,250.	0.			GEN. SUPPORT
ELDERLY SERVICES, INC. 112 EXCHANGE STREET							
MIDDLEBURY, VT 05753	03-0280968	501(C)(3)	11,250.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VERMONT OPERA PROJECT							
P.O. BOX 135							
NORTH CLARENDON, VT 05759	47-4217066	501(C)(3)	12,000.	0.			GEN. SUPPORT
,			,				
FRIENDS OF HILDENE, INC.							
P.O. BOX 377							
MANCHESTER, VT 05254	51-0201160	501(C)(3)	12,100.	0.			GEN. SUPPORT
FLETCHER FREE LIBRARY							
235 COLLEGE STREET	21 1774002	MINITATONI	12 250	0			GEN GUDDODE
BURLINGTON, VT 05401	31-1774892	MUNICIPAL	12,250.	0.			GEN. SUPPORT
MIDDLEBURY SUMMER							
FESTIVAL-ON-THE-GREEN - P.O. BOX							
451 - MIDDLEBURY, VT 05753	03-0311925	501(C)(3)	12,259.	0.			GEN. SUPPORT
,			,	<u> </u>			-
ADDISON CENTRAL SCHOOL DISTRICT							
49 CHARLES AVENUE							
MIDDLEBURY, VT 05753	03-6000335	MUNICIPAL	12,459.	0.			GEN. SUPPORT
NEW ENGLAND GRASSROOTS ENVIRONMENT							
FUND - P.O. BOX 611 - NEWMARKET,							
NH 03857	03-0364677	501(C)(3)	12,500.	0.			GEN. SUPPORT
GOOD NEITGUEED HEN MY GLINIG							
GOOD NEIGHBOR HEALTH CLINIC							
70 NORTH MAIN STEET	03-0346949	501(C)(3)	12,500.	0.			GEN. SUPPORT
WHITE RIVER JUNCTION, VT 05001	03-0340949	501(C)(3)	12,500.	0.			GEN. SUPPORT
SYNERGY LEARNING INTERNATIONAL							
13 KIMBALL HILL							
PUTNEY, VT 05346	03-0340583	501(C)(3)	12,500.	0.			GEN. SUPPORT
•			, , , , ,				
COMMON GROUND CENTER							
473 TATRO ROAD							
STARKSBORO, VT 05487	03-0343966	501(C)(3)	12,500.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
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BURKLYN ARTS COUNCIL							
PO BOX 1056							
LYNDONVILLE, VT 05851	23-7164267	501(C)(3)	12,500.	0.			GEN. SUPPORT
NEW PROFIT, INC.							
200 CLARENDON STREET							
BOSTON, MA 20116	04-3396766	501(C)(3)	12,500.	0.			GEN. SUPPORT
PENLAND SCHOOL OF CRAFTS							
P.O. BOX 37							
PENLAND, NC 28765	56-0623948	501(C)(3)	12,500.	0.			GEN. SUPPORT
			,				
THE DEMOCRACY COLLABORATIVE							
1422 EUCLID AVENUE, SUITE 616							
CLEVELAND, OH 44115	20-0387511	501(C)(3)	12,500.	0.			GEN. SUPPORT
WHILLOGG WUNDAND LINDANY							
KELLOGG-HUBBARD LIBRARY 135 MAIN STREET							
MONTPELIER, VT 05602-2909	03-0181056	501(C)(3)	12,500.	0.			GEN. SUPPORT
MONITHEIM, VI 03002 2303	03 0101030	501(0)(3)	12,300.	••			CEN. BUTTONT
PUBLIC ASSETS INSTITUTE							
P.O. BOX 942							
MONTPELIER, VT 05601	16-1703662	501(C)(3)	13,075.	0.			GEN. SUPPORT
WONDER & WISDOM, INC.							
P.O. BOX 300	05 0504050	504 (5) (2)	40.050				
GREENSBORO, VT 05841	05-0501353	501(C)(3)	13,350.	0.			GEN. SUPPORT
MILL RIVER UNIFIED UNION SCHOOL							
DISTRICT - 64 GRANGE HALL ROAD -							
NORTH CLARENDON, VT 05759	81-2267789	501(C)(3)	13,738.	0.			GEN. SUPPORT
,		,,,,	= , , , , , , ,				
WOMEN'S INFORMATION SERVICE (WISE)							
38 BANK STREET							
LEBANON, NH 03788-1092	02-0346512	501(C)(3)	13,750.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
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COLUMNE & CHEEDNI VEDMONIM COMMUNITARY							
SOUTHEASTERN VERMONT COMMUNITY							
ACTION (SEVCA) - 91 BUCK DRIVE - WESTMINSTER, VT 05158-9618	03-0216740	501(C)(3)	14,000.	0.			GEN. SUPPORT
WESIMINSIER, VI USISS-9010	03-0210740	501(0)(3)	14,000.	0.			GEN. SUFFORT
BINGHAM MEMORIAL SCHOOL, C/O ACSU							
49 CHARLES AVENUE							
MIDDLEBURY, VT 05753	03-0293465	501(C)(3)	14,053.	0.			GEN. SUPPORT
,							
PEACHAM CONGREGATIONAL CHURCH							
P.O. BOX 205							
PEACHAM, VT 05862	03-6009605	501(C)(3)	14,310.	0.			GEN. SUPPORT
·							
VERMONT COVERTS: WOODLANDS FOR							
WILDLIFE - P.O. BOX 328 -							
VERGENNES, VT 05491-0328	03-0332447	501(C)(3)	14,581.	0.			GEN. SUPPORT
VERMONT STUDIO CENTER							
80 PEARL STREET							
JOHNSON, VT 05656	22-2478074	501(C)(3)	14,654.	0.			GEN. SUPPORT
UNIVERSITY OF MARYLAND BALTIMORE							
FOUNDATION, INC 620 WEST							
LEXINGTON STREET, 2ND FLOOR -							
BALTIMORE, MD 21201	31-1678679	501(C)(3)	14,713.	0.			GEN. SUPPORT
VERMONT WORKERS CENTER							
294 NORTH WINOOSKI AVE.	00 04 604 76	504 (5) (2)	44.550				
BURLINGTON, VT 05401	20-0163176	501(C)(3)	14,750.	0.			GEN. SUPPORT
OLD GOLOOL ENDIGUISMENT CENTED							
OLD SCHOOL ENRICHMENT CENTER							
125 EAST DOVER ROAD	47-4577300	501(C)(3)	15 000	0.			CEN CIIDDODT
WILMINGTON, VT 05363	47-4377300	501(C)(3)	15,000.	ļ			GEN. SUPPORT
COMMUNITY HEALTH CENTERS OF							
BURLINGTON - 617 RIVERSIDE AVENUE							
- BURLINGTON, VT 05401	23-7182584	501(C)(3)	15,000.	0.			GEN. SUPPORT
		1		ı	l	1	I

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CMF INNOVATIONS							
P.O. BOX 385							
CHARLOTTE, VT 05445	46-1041296	501(C)(3)	15,000.	0.			GEN. SUPPORT
PREVENT CHILD ABUSE VERMONT							
P.O. BOX 829							
MONTPELIER, VT 05601	03-0267183	501(C)(3)	15,000.	0.			GEN. SUPPORT
GONGTHIEN THE TARREST AND							
COMMUNITY ENGAGEMENT LAB 41 SUMMER ST.							
MONTPELIER, VT 05602	45-3868526	501(C)(3)	15,000.	0.			GEN. SUPPORT
IONITEDIEN, VI 0300E	13 3000320	301(0)(3)	13,000.				DEN, BOTTONI
MAPLE CORNER COMMUNITY CENTER							
P.O. BOX 39							
CALAIS, VT 05648	03-0297766	501(C)(3)	15,000.	0.			GEN. SUPPORT
LAMOILLE NORTH SUPERVISORY UNION							
96 CRICKET HILL ROAD	02 0010006	E01/G)/2)	15 000				
HYDE PARK, VT 05655	03-0218296	501(C)(3)	15,000.	0.			GEN. SUPPORT
JOUNCE PARTNERS							
2226 LOMBARD STREET							
PHILADELPHIA, PA 19146	45-2299437	501(C)(3)	15,000.	0.			GEN. SUPPORT
			,				
SOIL CARBON COALITION							
501 SOUTH STREET							
ENTERPRISE, OR 97828	26-1692060	501(C)(3)	15,000.	0.			GEN. SUPPORT
AMERICAN CIVIL LIBERTIES UNION							
FOUNDATION OF VERMONT - 137 ELM	23-7123046	501(C)(3)	15 400	0.			GEN. SUPPORT
STREET - MONTPELIER, VT 05602	23-1123046	501(C)(3)	15,480.	٠.			GEN. SUFFUKI
LAKE CHAMPLAIN MARITIME MUSEUM							
4472 BASIN HARBOR ROAD							
VERGENNES, VT 05491	22-2570380	501(C)(3)	15,500.	0.			GEN. SUPPORT

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VERMONT HISTORICAL SOCIETY							
60 WASHINGTON STREET							
BARRE, VT 05641	03-0179602	501(C)(3)	15,500.	0.			GEN. SUPPORT
							•
BENNINGTON FREE LIBRARY							
101 SILVER STREET							
BENNINGTON, VT 05201	03-0181067	501(C)(3)	15,578.	0.			GEN. SUPPORT
COLLEGE STREET CONGREGATIONAL							
CHURCH - 265 COLLEGE STREET -							
BURLINGTON, VT 05401	03-0184074	501(C)(3)	15,686.	0.			GEN. SUPPORT
TATABANKA WIGHIN C. DI ANIMADIN							
FAIRBANKS MUSEUM & PLANETARIUM							
1302 MAIN STREET	03-0184732	501(C)(3)	15,710.	0.			GEN. SUPPORT
ST. JOHNSBURY, VT 05819	03-0164/32	501(C)(3)	15,710.	0.			GEN. SUPPORT
RUTLAND REGIONAL MEDICAL CENTER,							
INC 160 ALLEN STREET - RUTLAND,							
VT 05701	03-0183483	501(C)(3)	15,776.	0.			GEN. SUPPORT
			, -	-			-
HOSPICE VOLUNTEER SERVICES							
63 MAPLE STREET							
MIDDLEBURY, VT 05753	03-0286587	501(C)(3)	15,981.	0.			GEN. SUPPORT
SHELBURNE MUSEUM							
6000 SHELBURNE ROAD							
SHELBURNE, VT 05482	03-0179436	501(C)(3)	16,000.	0.			GEN. SUPPORT
BARNARTS CENTER FOR THE ARTS							
COMPANY - P.O. BOX 41 - BARNARD,	45 5447535	E01/G)/3\	16 500	2			GEN GUDDODE
<u>VT 05031</u>	45-5447535	501(C)(3)	16,500.	0.			GEN. SUPPORT
BENNINGTON COUNTY REGIONAL							
COMMISSION - 111 SOUTH STREET,							
SUITE 203 - BENNINGTON, VT 05201	03-0224444	501(C)(3)	16,500.	0.			GEN. SUPPORT
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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALTH AND LEARNING							
28 VERNON STREET, SUITE 319							
BRATTLEBORO, VT 05301	03-0351024	501(C)(3)	16,500.	0.			GEN. SUPPORT
Bulli Edder, VI 05501	03 0331021	501(0)(0)	10,300.	•••			DIN: BOTTONI
NATIONAL AUDUBON SOCIETY							
225 VARICK STREET, 7TH FL.							
NEW YORK, NY 10014	13-1624102	501(C)(3)	16,504.	0.			GEN. SUPPORT
,							
FRIENDS OF THE LINCOLN COMMUNITY							
SCHOOL - P.O. BOX 361 - BRISTOL,							
VT 05443	27-2277523	501(C)(3)	17,000.	0.			GEN. SUPPORT
MANCHESTER MUSIC FESTIVAL							
P.O. BOX 33							
MANCHESTER, VT 05254-0033	22-2575753	501(C)(3)	17,000.	0.			GEN. SUPPORT
GREEN MOUNTAIN UNITED WAY							
73 MAIN STREET #33							
MONTPELIER, VT 05602-2944	03-0261384	501(C)(3)	17,000.	0.			GEN. SUPPORT
MARLBORO COLLEGE							
P.O. BOX A							
MARLBORO, VT 05344	03-0179593	501(C)(3)	17,500.	0.			GEN. SUPPORT
PRIDE CENTER OF VERMONT							
255 SOUTH CHAMPLAIN STREET, SUITE							
BURLINGTON, VT 05401	03-0360396	501(C)(3)	17,500.	0.			GEN. SUPPORT
MT. MANSFIELD WINTER ACADEMY							
PO BOX 3269							
STOWE, VT 05672	03-0354068	501(C)(3)	17,500.	0.			GEN. SUPPORT
RUTGERS UNIVERSITY FOUNDATION							
7 COLLEGE AVE.							
NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	17,500.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGDOM COUNTY PRODUCTIONS							
949 SOMERS ROAD							
BARNET, VT 05821	03-0328686	501(C)(3)	18,250.	0.			GEN. SUPPORT
			,				
SUSTAINABLE WOODSTOCK							
P.O. BOX 611							
WOODSTOCK, VT 05091	27-1178081	501(C)(3)	18,500.	0.			GEN. SUPPORT
FRIENDS OF NORTH BRANCH NATURE							
CENTER - 713 ELM STREET -							
MONTPELIER, VT 05602	76-0830759	501(C)(3)	18,500.	0.			GEN. SUPPORT
MONITEDIAN, VI 03002	70 0030733	501(0)(3)	10,300.	0.			DIN. BOITOKI
STERN CENTER FOR LANGUAGE AND							
LEARNING - 183 TALCOTT RD, STE 101							
- WILLISTON, VT 05495-2075	22-2485793	501(C)(3)	18,600.	0.			GEN. SUPPORT
MACLURE LIBRARY							
P.O. BOX 60		504 (5) (2)	10.015				
PITTSFORD, VT 05763	03-0267846	501(C)(3)	18,815.	0.			GEN. SUPPORT
BOYS & GIRLS CLUB OF BURLINGTON							
62 OAK STREET							
BURLINGTON, VT 05401	03-0179307	501(C)(3)	19,186.	0.			GEN. SUPPORT
·			,				
MANCHESTER COMMUNITY LIBRARY							
138 CEMETERY AVENUE / ROUTE 7A							
MANCHESTER CENTER, VT 05255	03-0184260	501(C)(3)	19,700.	0.			GEN. SUPPORT
VEDWONE COMMINTEN LOAN BUND							
VERMONT COMMUNITY LOAN FUND							
15 STATE STREET, SUITE 101 MONTPELIER, VT 05601	22-2864900	501(C)(3)	19,750.	0.			GEN. SUPPORT
MONITEDIEN, VI 03001	22 2004300	501(6)(3)	19,730.	0.			DIN. BULLONI
PARTNERS IN HEALTH							
P.O. BOX 996							
FREDERICK, MD 21705	04-3567502	501(C)(3)	19,750.	0.			GEN. SUPPORT

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FIRST UNITARIAN UNIVERSALIST							
SOCIETY OF BURLINGTON - 152 PEARL							
STREET - BURLINGTON, VT 05401	03-6003834	RELIGIOUS	19,900.	0.			GEN. SUPPORT
AMERICAN RED CROSS							
P.O. BOX 37839							
BOONE, IA 50037	53-0196605	501(C)(3)	19,950.	0.			GEN. SUPPORT
CATAMOUNT FILM & ARTS CO.							
115 EASTERN AVENUE							
ST. JOHNSBURY, VT 05819	03-0276780	501(C)(3)	19,951.	0.			GEN. SUPPORT
MAKE A WISH FOUNDATION OF VERMONT							
431 PINE STREET, SUITE 214							
SHELBURNE, VT 05401	03-0323013	501(C)(3)	20,000.	0.			GEN. SUPPORT
DIEEEORKE, VI 05401	03 0323013	501(0)(3)	20,000.	· ·			on, borrow
THE DREAM PROGRAM, INC.							
87 ELM STREET							
WINOOSKI, VT 05404	26-0030908	501(C)(3)	20,000.	0.			GEN. SUPPORT
CALAIS COMMUNITY FUND, INC.							
P.O. BOX 44							
CALAIS, VT 05648	81-2803751	501(C)(3)	20,000.	0.			GEN. SUPPORT
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ENERGIZE VERMONT							
P.O. BOX 172							
EAST BURKE, VT 05832	30-0626166	501(C)(3)	20,000.	0.			GEN. SUPPORT
SETON HALL UNIVERSITY							
457 CENTRE STREET	22 1500645	E01/G)/3)	20.000				GEN GIDDODE
SOUTH ORANGE, NJ 07079	22-1500645	501(C)(3)	20,000.	0.			GEN. SUPPORT
ROULETTE INTERMEDIUM, INC.							
228 WEST BROADWAY, FLOOR 2							
NEW YORK, NY 10013	36-3046751	501(C)(3)	20,000.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
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ALLIANCE FOR CLIMATE EDUCATION							
4696 BROADWAY, SUITE 2							
BOULDER, CO 80304	26-3106566	501(C)(3)	20,000.	0.			GEN. SUPPORT
				- •			
LAKE CHAMPLAIN COMMITTEE							
208 FLYNN AVENUE, BUILDING 3, STUD							
BURLINGTON, VT 05401	22-2482466	501(C)(3)	20,008.	0.			GEN. SUPPORT
RURAL EDUCATION ACTION PROJECT							
46 EAST STATE STREET							
MONPELIER, VT 05602	22-3045871	501(C)(3)	20,500.	0.			GEN. SUPPORT
LINCOLN LIBRARY, INC.							
222 WEST RIVER ROAD	02 0201455	E01/G1/31	20 572	0			GEN GUDDODE
LINCOLN, VT 05443	03-0301455	501(C)(3)	20,572.	0.			GEN. SUPPORT
UPPER VALLEY HAVEN							
713 HARTFORD AVENUE							
WHITE RIVER JUNCTION, VT 05001	03-0277908	501(C)(3)	20,750.	0.			GEN. SUPPORT
VERMONT PUBLIC INTEREST RESEARCH &							
EDUCATION (VPIREF) - 141 MAIN							
STREET, SUITE 6 - MONTPELIER, VT							
05602	51-0163801	501(C)(3)	20,750.	0.			GEN. SUPPORT
CORPORATE ACCOUNTABILITY							
INTERNATIONAL - 10 MILK STREET,							
SUITE 610 - BOSTON, MA 02108	41-1322686	501(C)(3)	21,000.	0.			GEN. SUPPORT
SAINT MICHAEL'S COLLEGE							
ONE WINOOSKI PARK	03 0170403	E01/G)/3\	21 021	_			CEM CUDDODE
COLCHESTER, VT 05439	03-0179403	501(C)(3)	21,031.	0.			GEN. SUPPORT
CAPSTONE COMMINITY ACTION							
	03-0216254	501(C)(3)	21 300	0			GEN. SUPPORT
CAPSTONE COMMUNITY ACTION 20 GABLE PLACE BARRE, VT 05641	03-0216254	501(C)(3)	21,300.	0.			GEN. SUPPORT

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HOWARD CENTER							
208 FLYNN AVENUE, SUITE 3J							
BURLINGTON, VT 05401	03-0179433	501(C)(3)	21,324.	0.			GEN. SUPPORT
OUTRIGHT VERMONT							
241 NORTH WINOOSKI AVE							
BURLINGTON, VT 05402	03-0323843	501(C)(3)	21,500.	0.			GEN. SUPPORT
DEBORAH RAWSON MEMORIAL LIBRARY							
8 RIVER ROAD							
JERICHO, VT 05465-2001	56-2379058	501(C)(3)	21,641.	0.			GEN. SUPPORT
VERMONT ARTS EXCHANGE							
P.O. BOX 725							
N. BENNINGTON, VT 05257	03-0343015	501(C)(3)	22,500.	0.			GEN. SUPPORT
·			·				
RIGHTS AND DEMOCRACY EDUCATION							
FUND - 70 SOUTH WINOOSKI AVENUE,							
SUITE 205 - BURLINGTON, VT 05401	47-5375511	501(C)(3)	22,750.	0.			GEN. SUPPORT
WASHINGTON COUNTY YOUTH SERVICE							
BUREAU AND BOYS & GIRLS CLUB - 38							
ELM STREET - MONTPELIER, VT 05601	03-0262162	501(C)(3)	23,000.	0.			GEN. SUPPORT
,			,				
GREATER HOUSTON COMMUNITY							
FOUNDATION - 5120 WOODWAY DRIVE,							
SUITE 6000 - HOUSTON, TX 77056	23-7160400	501(C)(3)	23,000.	0.			GEN. SUPPORT
LONG MDATI CCUOOL							
LONG TRAIL SCHOOL							
1045 KIRBY HOLLOW ROAD DORSET, VT 05251-9403	03-0253366	501(C)(3)	23,000.	0.			GEN. SUPPORT
- VI 03231-9403	03-0233300	501(0)(3)	23,000.	0.			GEM. BUFFORT
JOHN W. GRAHAM EMERGENCY SHELTER							
69 N. MAIN STREET							
VERGENNES, VT 05491	03-0275219	501(C)(3)	23,100.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
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UNITED CHRISTIAN ACADEMY										
65 SCHOOL STREET										
NEWPORT, VT 05855	03-0345986	501(C)(3)	23,659.	0.			GEN. SUPPORT			
,	00 001000		20,002.							
IN-SIGHT PHOTOGRAPHY PROJECT, INC.										
45 FLAT STREET, SUITE 1										
BRATTLEBORO, VT 05301	03-0338482	501(C)(3)	23,750.	0.			GEN. SUPPORT			
AGE WELL										
76 PEARL STREET, SUITE 201										
ESSEX JUNCTION, VT 05452	22-2474636	501(C)(3)	24,000.	0.			GEN. SUPPORT			
GLOBALGIVING FOUNDATION										
1110 VERMONT AVENUE NW, SUITE 550				_						
WASHINGTON, DC 20005	30-0108263	501(C)(3)	24,425.	0.			GEN. SUPPORT			
EUND EOD NODEU DENNINGEON										
FUND FOR NORTH BENNINGTON 23 MECHANIC STREET										
NORTH BENNINGTON, VT 05257	03-0335309	501(C)(3)	24,448.	0.			GEN. SUPPORT			
VISITING NURSE ASSOCIATION OF	03-0333309	501(0)(3)	24,440.	0.			GEN. SUFFORT			
CHITTENDEN & GRAND ISLE COUNTIES -										
1110 PRIM ROAD - COLCHESTER, VT										
05446	03-0179603	501(C)(3)	24,500.	0.			GEN. SUPPORT			
			, -	<u> </u>						
BRATTLEBORO RETREAT										
ANNA MARSH LANE										
BRATTLEBORO, VT 05302	03-0107360	501(C)(3)	24,600.	0.			GEN. SUPPORT			
WHEELOCK MOUNTAIN FARM, INC.										
91 WEST WHEELOCK ROAD										
GREENSBORO BEND, VT 05482	81-4176655	501(C)(3)	24,750.	0.			GEN. SUPPORT			
SALVATION FARMS										
P.O. BOX 1174										
MORRISVILLE, VT 05661	45-2954564	501(C)(3)	24,950.	0.			GEN. SUPPORT			

Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	1 αξ
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CONNECTICUT VALLEY FAIR, INC.							
PO BOX 818							
BRADFORD, VT 05033	23-7168840	501(C)(3)	25,000.	0.			GEN. SUPPORT
BUILDING A LOCAL ECONOMY, INC. (BALE) - 35 SOUTH WINDSOR STREET -							
SOUTH ROYALTON, VT 05068	27-4850835	501(C)(3)	25,000.	0.			GEN. SUPPORT
INDEPENDENT TELEVISION FESTIVAL (DBA ITVFEST) - P.O. BOX 344 -	20 4109590	E01/G)/2)	25 000				GEN. GUDDODE
MANCHESTER, VT 05254	20-4198589	501(C)(3)	25,000.	0.			GEN. SUPPORT
ENERGY ACTION NETWORK 17 STATE ST, SUITE 205 MONTPELIER, VT 05602	45-5424161	501/01/31	25,000.	0.			GEN. SUPPORT
MONIFELIER, VI 03002	43-3424101	501(0/(3/	25,000.	· · · · · · · · · · · · · · · · · · ·			GEN. SUFFORT
BRAIN INJURY ASSOCIATION OF VERMONT - P.O. BOX 482 -							
WATERBURY, VT 05676	03-0363255	501(C)(3)	25,000.	0.			GEN. SUPPORT
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET, SUITE 900				_			
SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	25,750.	0.			GEN. SUPPORT
PAWLET SCHOLARSHIPS, INC. P.O. BOX 206							
PAWLET, VT 05761	05-0632826	501(C)(3)	25,922.	0.			GEN. SUPPORT
BENNINGTON MUSEUM, INC. 75 MAIN STREET							
BENNINGTON, VT 05201	03-0185292	501(C)(3)	26,000.	0.			GEN. SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030							
HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	26,800.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
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URLINGTON CITY ARTS FOUNDATION							
135 CHURCH STREET							
BURLINGTON, VT 05401	03-0354963	501(C)(3)	27,000.	0.			GEN. SUPPORT
VERMONTERS FOR A CLEAN							
ENVIRONMENT, INC 789 BAKER							
BROOK RD - DANBY, VT 05739	03-0362871	501(C)(3)	27,000.	0.			GEN. SUPPORT
KING STREET CENTER							
87 KING STREET							
BURLINGTON, VT 05402-1615	23-7236312	501(C)(3)	27,000.	0.			GEN. SUPPORT
JOHNS HOPKINS UNIVERSITY/THE			,				
SHERIDAN LIBRARIES - 3400 NORTH							
CHARLES STREET - BALTIMORE, MD							
21218	52-0595110	501(C)(3)	27,203.	0.			GEN. SUPPORT
DELAGE & THOMESON OF THE							
PEACE & JUSTICE CENTER							
60 LAKE STREET, SUITE #1C	02 0201472	E01/Q\/3\	27 500	0			CEN CIDDODE
BURLINGTON, VT 05401	03-0281472	501(C)(3)	27,500.	0.			GEN. SUPPORT
HIGHGATE NON-PROFIT, INC.							
73 HIGHGATE DRIVE, STE 121							
BARRE, VT 05641	03-0325001	501(C)(3)	27,500.	0.			GEN. SUPPORT
FAMILY PLACE, INC.							
319 US ROUTE 5 SOUTH							
NORWICH, VT 05055	03-0305264	501(C)(3)	28,500.	0.			GEN. SUPPORT
···	10 000204		20,000.	<u> </u>			
BRADFORD COMMUNITY DEVELOPMENT							
CORPORATION - P.O. BOX 852 -							
BRADFORD, VT 05033	03-0347212	501(C)(3)	28,600.	0.			GEN. SUPPORT
			,				
NORTH HERO HISTORICAL SOCIETY							
P.O. BOX 175							
NORTH HERO, VT 05474	05-0468580	501(C)(3)	29,022.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
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VITAL COMMUNITIES							
195 NORTH MAIN STREET							
WHITE RIVER JUNCTION, VT 05001	03-0355283	501(C)(3)	29,375.	0.			GEN. SUPPORT
GOVERNOR'S INSTITUTES OF VERMONT			,				
20 WEST CANAL STREET, SUITE C5							
WINOOSKI, VT 05404	03-0308967	501(C)(3)	29,750.	0.			GEN. SUPPORT
·		<u> </u>	,				
TRUST FOR CONSERVATION INNOVATION							
405 14TH STREET, SUITE 164							
OAKLAND, CA 94612	91-2166435	501(C)(3)	30,000.	0.			GEN. SUPPORT
VERMONT STAGE COMPANY							
110 MAIN STREET	02 0242411	E01/G1/31	21 065	0			GEN GUDDODE
BURLINGTON, VT 05401	03-0342411	501(C)(3)	31,965.	0.			GEN. SUPPORT
UNITED WAY OF ADDISON COUNTY							
48 COURT STREET							
MIDDLEBURY, VT 05753	03-0221018	501(C)(3)	32,266.	0.			GEN. SUPPORT
,			, , , , , ,				
VERMONT NATURAL RESOURCES COUNCIL							
9 BAILEY AVENUE							
MONTPELIER, VT 05602	03-0223731	501(C)(3)	32,500.	0.			GEN. SUPPORT
GROUNDWORKS COLLABORATIVE, INC.							
P.O. BOX 370							
BRATTLEBORO, VT 05302-0370	03-0267404	501(C)(3)	33,884.	0.			GEN. SUPPORT
VEDMONT HOHIGING & CONCEDIANTON							
VERMONT HOUSING & CONSERVATION							
BOARD - 58 EAST STATE STREET -	03-0311984	MUNICIPAL	34 000	0.			GEN. SUPPORT
MONTPELIER, VT 05602 VERMONT SCHOLARSHIP FUND	03-0311364	MONICIPAL	34,000.	U .			GEN. BUFFURI
VERMONT SCHOLARSHIP FUND VERMONT STUDENT ASSISTANCE							
CORPORATION - WINOOSKI, VT							
05404-2601	03-0367034	501(C)(3)	34,500.	0.			GEN. SUPPORT
	1 33 330,031		31,330.	<u> </u>		1	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VERMONT RIVER CONSERVANCY, INC.										
29 MAIN STREET, SUITE 11 MONTPELIER, VT 05602	03-0347147	501(C)(3)	35,500.	0.			GEN. SUPPORT			
GOODRICH MEMORIAL LIBRARY, INC. 202 MAIN STREET										
NEWPORT, VT 05855	03-0184028	501(C)(3)	35,843.	0.			GEN. SUPPORT			
LAKE CHAMPLAIN CHAMBER MUSIC FESTIVAL - 20 WINOOSKI FALLS WAY,										
SUITE 7 - WINOOSKI, VT 05404	26-2757906	501(C)(3)	35,953.	0.			GEN. SUPPORT			
SPRINGFIELD SCHOOL DISTRICT 60 PARK STREET										
SPRINGFIELD, VT 05156	03-0277677	MUNICIPAL	37,054.	0.			GEN. SUPPORT			
VERMONT HUMANITIES COUNCIL 11 LOOMIS STREET			25.000							
MONTPELIER, VT 05602	51-0187809	501(C)(3)	37,200.	0.			GEN. SUPPORT			
UNITED WAY OF NORTHWEST VERMONT, INC 412 FARRELL STREET, SUITE 200 - SOUTH BURLINGTON, VT 05403	03-0217229	501(C)(3)	37,747.	0.			GEN. SUPPORT			
	00 0227225		07,727.				221, 2311311			
EPISCOPAL DIOCESE OF VERMONT 5 ROCK POINT ROAD										
BURLINGTON, VT 05408	51-0647673	501(C)(3)	40,000.	0.			GEN. SUPPORT			
NORTHEAST KINGDOM YOUTH SERVICES 24 BAGLEY STREET										
ST. JOHNSBURY, VT 05819	03-0258845	501(C)(3)	41,136.	0.			GEN. SUPPORT			
CHAMPLAIN VALLEY OFFICE OF ECONOMIC OPPORTUNITY (CVOEO) - 255										
SOUTH CHAMPLAIN STREET - BURLINGTON, VT 05402	03-0216837	501(C)(3)	41,800.	0.			GEN. SUPPORT			

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	1 2
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S LITERACY FOUNDATION							
(CLIF) - 1536 LOOMIS HILL ROAD -							
WATERBURY CENTER, VT 05677	02-0498154	501(C)(3)	44,250.	0.			GEN. SUPPORT
LUND FAMILY CENTER							
76 GLEN ROAD							
BURLINGTON, VT 05406-4009	03-0179434	501(C)(3)	44,936.	0.			GEN. SUPPORT
TOWN HALL THEATER, INC.							
68 SOUTH PLEASANT STREET							
MIDDLEBURY, VT 05753	03-0358794	501(C)(3)	45,250.	0.			GEN. SUPPORT
VERMONT COMMUNITY GARDEN NETWORK,							
INC 12 NORTH STREET, SUITE 5 -							
BURLINGTON, VT 05401	31-1783597	501(C)(3)	47,500.	0.			GEN. SUPPORT
CCTV CENTER FOR MEDIA & DEMOCRACY							
294 NORTH WINOOSKI AVENUE, SUITES							
BURLINGTON, VT 05401	22-2582888	501(C)(3)	47,650.	0.			GEN. SUPPORT
			,				
NORTH STAR FUND							
520 EIGHTH AVENUE, SUITE 1800							
NEW YORK, NY 10018	13-2950801	501(C)(3)	50,000.	0.			GEN. SUPPORT
BETHANY COLLEGE							
31 EAST CAMPUS DRIVE							
BETHANY, WV 26032	55-0356985	501(C)(3)	50,000.	0.			GEN. SUPPORT
			,	- •			
CHURCH OF JESUS CHRIST OF LATTER							
DAY SAINTS - 20601 THREE OAKS							
PARKWAY - ESTERO, FL 33928	04-8661767	RELIGIOUS	50,000.	0.			GEN. SUPPORT
40DDDD 4011E4E 40DD0D1EEC							
GODDARD COLLEGE CORPORATION							
123 PITKIN ROAD PLAINFIELD, VT 05667	03-0179419	501(C)(3)	50,488.	0.			GEN. SUPPORT
THATRETED, VI 0300/	1 03-01/3413	Pot (C)(3)	50,400.	0.		I	GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to GO	vernments and Orga	inzations in the U	inteu States (SCN)	euule i (Form 990), Pa 	uru.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VSA VERMONT							
21 CARMICHAEL STREET, STE.206							
ESSEX JUNCTION, VT 05452	03-0307529	501(C)(3)	51,500.	0.			GEN. SUPPORT
PROPUBLICA							
155 AVENUE OF THE AMERICAS, 13TH F							
NEW YORK, NY 10013	14-2007220	501(C)(3)	51,500.	0.			GEN. SUPPORT
GRACE COTTAGE FOUNDATION							
P.O. BOX 1							
TOWNSHEND, VT 05353-0001	03-0343282	501(C)(3)	51,598.	0.			GEN. SUPPORT
			,				
WINSTON L. PROUTY CENTER FOR CHILD							
DEVELOPMENT - 209 AUSTINE DRIVE -							
BRATTLEBORO, VT 05301	03-0229781	501(C)(3)	51,686.	0.			GEN. SUPPORT
MEDAY COMMECTIONS INC							
MERCY CONNECTIONS, INC.							
255 SOUTH CHAMPLAIN STREET, SUITE BURLINGTON, VT 05401-4786	03-0369962	501(C)(3)	52,000.	0.			GEN. SUPPORT
BURLINGION, VI US401-4700	03-0309902	501(0)(3)	32,000.	0.			GEN. SUPPORT
SHELBURNE FARMS							
1611 HARBOR ROAD							
SHELBURNE, VT 05482	03-0229347	501(C)(3)	52,321.	0.			GEN. SUPPORT
VERMONE COLLEGE OF FINE APEC TWO							
VERMONT COLLEGE OF FINE ARTS, INC. 36 COLLEGE STREET							
MONTPELIER, VT 05602	20-8384273	501(C)(3)	53,000.	0.			GEN. SUPPORT
TORTIBULER, VI 05002	20 03042/3	501(0)(3)	33,000.	0.			DIN. BULLOKI
FLYNN CENTER FOR THE PERFORMING							
ARTS - 153 MAIN STREET -							
BURLINGTON, VT 05401	03-0277052	501(C)(3)	53,436.	0.			GEN. SUPPORT
HUNGER FREE VERMONT							
38 EASTWOOD DRIVE, SUITE 100							
SOUTH BURLINGTON, VT 05403	03-0336357	501(C)(3)	55,700.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE UNIVERSITY OF VERMONT										
FOUNDATION - 411 MAIN STREET -										
BURLINGTON, VT 05401	45-1556038	501(C)(3)	57,000.	0.			GEN. SUPPORT			
	10 1000000		07,000	•						
CITY OF BARRE, VERMONT										
6 NORTH MAIN STREET										
BARRE, VT 05641	03-6000356	MUNICIPAL	58,768.	0.			GEN. SUPPORT			
CHITTENDEN COUNTY GOVERNMENT										
ACCESS CHANNEL TRUST - 294 NORTH										
WINOOSKI AVENUE - BURLINGTON, VT										
05401-3680	03-6054166	501(C)(3)	60,000.	0.			GEN. SUPPORT			
VERMONT PARKS FOREVER										
P.O. BOX 815										
MONTPELIER, VT 05601	46-1475177	501(C)(3)	61,000.	0.			GEN. SUPPORT			
DRVIN MEMORIAL GALLERY HOUNDARION										
BRYAN MEMORIAL GALLERY FOUNDATION, INC 180 MAIN STREET -										
JEFFERSONVILLE, VT 05464-0340	03-0287574	501(C)(3)	62,346.	0.			GEN. SUPPORT			
OFFIERSONVILLE, VI 03404-0340	03-0207374	501(0)(3)	02,340.	0.			GEN. SUFFORT			
VERMONT SUSTAINABLE JOBS FUND										
3 PITKIN COURT, SUITE 301E										
MONTPELIER, VT 05602	03-0349736	501(C)(3)	63,400.	0.			GEN. SUPPORT			
NORTHEAST ORGANIC FARMING			, -	-			-			
ASSOCIATION OF VERMONT (NOFA-VT) -										
14 PLEASANT STREET - RICHMOND, VT										
05477	22-3260420	501(C)(3)	65,671.	0.			GEN. SUPPORT			
ADDISON COUNTY PARENT/CHILD CENTER										
126 MONROE STREET										
MIDDLEBURY, VT 05753	03-0280370	501(C)(3)	68,800.	0.			GEN. SUPPORT			
BIRDS OF VERMONT MUSEUM										
900 SHERMAN HOLLOW ROAD				_						
HUNTINGTON, VT 05462	03-0277302	ხ01(C)(3)	70,872.	0.			GEN. SUPPORT			

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DRIVE							
LEBANON, NH 03756	02-0222140	501(C)(3)	72,574.	0.			GEN. SUPPORT
ADDISON COUNTY COMMUNITY ACTION GROUP (HOPE) - 282 BOARDMAN STREET	23-7393720	E01/G)/2)	72, 700	0.			GEN. SUPPORT
- MIDDLEBURY, VT 05753 CIVILIAN CONSERVATION CORPS USA	23-7393720	501(C)(3)	72,700.	0.			GEN. SUPPORT
82 BLAIR PARK ROAD WILLISTON, VT 05495	81-4015690	501(C)(3)	75,000.	0.			GEN. SUPPORT
VERMONT FOLKLIFE CENTER 88 MAIN STREET, SUITE 1							
MIDDLEBURY, VT 05753-1453	22-2550951	501(C)(3)	77,200.	0.			GEN. SUPPORT
NATURE CONSERVANCY, VERMONT CHAPTER - 575 STONE CUTTERS WAY -							
MONTPELIER, VT 05602	53-0242652	501(C)(3)	78,024.	0.			GEN. SUPPORT
VERMONT STATE COLLEGES P.O. BOX 7							
MONTPELIER, VT 05601-0007	03-0213787	MUNICIPAL	81,584.	0.			GEN. SUPPORT
SPECTRUM YOUTH AND FAMILY SERVICES 31 ELMWOOD AVENUE							
BURLINGTON, VT 05401	03-0253232	501(C)(3)	82,900.	0.			GEN. SUPPORT
COMMITTEE ON TEMPORARY SHELTER 95 NORTH AVENUE							
BURLINGTON, VT 05402	03-0285606	501(C)(3)	83,750.	0.			GEN. SUPPORT
PRESERVATION TRUST OF VERMONT 104 CHURCH STREET							
BURLINGTON, VT 05401-4449	03-0281195	501(C)(3)	86,877.	0.			GEN. SUPPORT

Page 1

	# N = N .	( ) 100			(4) ) 4 (1) 1 (4)	( ) 5	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF RUTLAND							
COUNTY - 71-77 MERCHANTS ROW -							
RUTLAND, VT 05702	31-1653365	501(C)(3)	88,800.	0.			GEN. SUPPORT
VERMONT COUNCIL ON RURAL	31 1033303	301(0)(3)	00,000.	· ·			DELT. BOTTONI
DEVELOPMENT - 43 STATE STREET,							
SUITES 2 & 3 - MONTPELIER, VT							
05601-1384	03-0354510	501(C)(3)	90,750.	0.			GEN. SUPPORT
73001 1304	03 0334310	501(0)(3)	30,730.	٥.			GEN, BOTTOKT
RESOURCE: A NONPROFIT COMMUNITY							
ENTERPRISE - 266 PINE STREET -							
BURLINGTON, VT 05401	03-0326293	501(C)(3)	92,000.	0.			GEN. SUPPORT
SURLINGION, VI US401	03-0320293	501(0/(3/	32,000.	0.			GEN. SUFFORT
PLANNED PARENTHOOD OF NORTHERN NEW							
ENGLAND - 784 HERCULES DRIVE,							
SUITE 110 - COLCHESTER, VT 05446	03-0222941	501(C)(3)	94,630.	0.			GEN. SUPPORT
AMERICAN MORGAN HORSE EDUCATIONAL	03-0222341	501(C/(3/	34,030.	0.			GEN. SUFFORT
CHARITABLE TRUST - 4066 SHELBURNE							
ROAD, SUITE 5 - SHELBURNE, VT							
05482-4904	30-6041200	501(C)(3)	97,365.	0.			GEN. SUPPORT
JJ402-4904	30-0041200	501(C/(3/	37,303.	0.			GEN. SUFFORT
VERMONT FOODBANK, INC.							
33 PARKER ROAD							
	22-3021942	501(C)(3)	98,950.	0.			GEN. SUPPORT
BARRE, VT 05641	22-3021942	501(C)(3)	30,330.	0.			GEN. SUPPORT
SIDE PROJECT							
980 NORTH FEDERAL HWY. SUITE 110							
	46-0769403	501(C)(3)	100,000.	0.			GEN. SUPPORT
COMMUNITY HEALTH SERVICES OF	40-0709403	501(0/(3/	100,000.	0.			GEM. BUFFORI
ADDISON COUNTY (D.B.A. OPEN DOOR							
CLINIC - 100 PORTER DRIVE -	03-0359531	501/C)/3)	111,000.	0.			GEN. SUPPORT
MIDDLEBURY, VT 05753	03-033331	501(0)(3)	111,000.	0.			GEM. BOLLOKI
CDEEN MOINMAIN FARM TO CCHOOL							
GREEN MOUNTAIN FARM-TO-SCHOOL,							
INC 115 2ND STREET - NEWPORT,	41 2272707	E01/G)/2)	116 206	0.			CEN CIDDODA
VT 05855	41-2273707	POT(C)(3)	116,286.	υ.			GEN. SUPPORT

Part II Continuation of Grants and Other			nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	ra
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VERMONT YOUTH CONSERVATION CORPS							
(VYCC) - 1949 EAST MAIN STREET -							
RICHMOND, VT 05477	03-0328834	501(C)(3)	121,070.	0.			GEN. SUPPORT
CHAMPLAIN HOUSING TRUST							
88 KING STREET							
BURLINGTON, VT 05401	22-2536446	501(C)(3)	132,607.	0.			GEN. SUPPORT
MERCK FOREST & FARMLAND CENTER,							
INC P.O. BOX 86 - RUPERT, VT							
05768	03-0184959	501(C)(3)	137,393.	0.			GEN. SUPPORT
03700	03 0104333	501(0)(3)	137,333.	0.			GEN, BUITORI
SPRING LAKE RANCH							
1169 SPRING LAKE ROAD							
CUTTINGSVILLE, VT 05738	03-0200366	501(C)(3)	142,335.	0.			GEN. SUPPORT
	35 525555		112,555.				
GREEN MOUNTAIN COLLEGE							
ONE BRENNAN CIRCLE							
POULTNEY, VT 05764	03-0179299	501(C)(3)	145,000.	0.			GEN. SUPPORT
100EINEI, VI 03704	03 0173233	501(0)(3)	143,000.	0.			DEN. BOTTORT
VERMONT PUBLIC RADIO							
365 TROY AVENUE							
COLCHESTER, VT 05446	03-0259051	501(C)(3)	150,812.	0.			GEN. SUPPORT
CHAMPLAIN VALLEY AREA HEALTH			,				
EDUCATION CENTER, INC 92							
FAIRFIELD ST ST. ALBANS, VT							
05478-1728	03-0357255	501(C)(3)	165,441.	0.			GEN. SUPPORT
			, -	-			-
ADDISON COMMUNITY ATHLETICS							
FOUNDATION, INC 3 COURT STREET							
- MIDDLEBURY, VT 05753	46-1164975	501(C)(3)	174,780.	0.			GEN. SUPPORT
, .1 55.55		(-)(-)	111,700.	· ·			
VERMONT JOURNALISM TRUST							
26 STATE STREET, SUITE 8							
MONTPELIER, VT 05602	27-1553931	501(C)(3)	178,100.	0.			GEN. SUPPORT

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERMONT WORKS FOR WOMEN, INC.							
32A MALLETTS BAY AVENUE							
WINOOSKI, VT 05404	22-2894557	501(C)(3)	257,750.	0.			GEN. SUPPORT
CHAMPLAIN COLLEGE							
163 SOUTH WILLARD STREET				_			
BURLINGTON, VT 05402	03-0220266	501(C)(3)	284,142.	0.			GEN. SUPPORT
VERMONT FAMILY FORESTS FOUNDATION,							
INC 14 SCHOOL STREET - BRISTOL,							
VT 05443	20-3294728	501(C)(3)	294,706.	0.			GEN. SUPPORT
			·				
WINDHAM FOUNDATION, INC.							
P.O. BOX 70							
GRAFTON, VT 05146	13-6142024	501(C)(3)	339,000.	0.			GEN. SUPPORT
THE CONSERVATION FUND							
1655 N. FORT MYER DRIVE, SUITE 130							
ARLINGTON, VA 22209	52-1388917	501(C)(3)	500,000.	0.			GEN. SUPPORT
WESTON PLAYHOUSE THEATRE COMPANY							
703 MAIN STREET							
WESTON, VT 05161	22-2970343	501(C)(3)	534,100.	0.			GEN. SUPPORT
VIBION, VI USIUI	22 2570343	301(0)(3)	334,100.	0.			DEN. BOTTONT
THE PERMANENT FUND FOR VERMONT'S							
CHILDREN - 3 COURT STREET -							
MIDDLEBURY, VT 05753	31-1802348	501(C)(3)	641,000.	0.			GEN. SUPPORT
FERMONT LAND TRUST							
B BAILEY AVENUE							
MONTPELIER, VT 05602	03-0264836	501(C)(3)	797,576.	0.			GEN. SUPPORT
							Cabadula I (Fau

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

0.FMV EDUCATIONAL SCHOLARSHIPS 42 75,710. ART AWARDS 19,500 0.FMC COMMUNITY LEADERSHIP 15 000 0.FMV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

PART I, LINE 2:

GRANTS AWARDED FROM DONOR ADVISED FUNDS ARE ACCOMPANIED BY A LETTER THAT

STATES "DEPOSIT OF THIS CHECK SIGNIFIES YOUR ACCEPTANCE OF THIS AWARD, YOUR

INTENT TO COMPLY WITH THE STATED GRANT PURPOSE. AND AS OUR RECEIPT FOR THIS

PAYMENT. IF YOU ARE UNABLE TO FULLFILL THIS PURPOSE. PLEASE CONTACT THE

VERMONT COMMUNITY FOUNDATION. " IN ADDITION. FOR SOME GRANTS AWARDED FROM

DONOR ADVISED FUNDS. REPORTS ARE REQUESTED AT THE END OF THE PROGRAM

IDENTIFYING THE RESULTS AND ACCOMPLISHMENTS OF THE PROGRAM. FOR ALL

DISCRETIONARY AND FIELD OF INTEREST FUNDS. GRANTEES ARE REQUIRED TO PROVIDE

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE VERMONT COMMUNITY FOUNDATION

**Employer identification number** 22-2712160

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	40 4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		
	The storage of lines 44-6, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) DAN SMITH	(i)	171,863.	0.	0.	5,318.	25,693.	202,874.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FELIPE RIVERA	(i)	128,157.	0.	0.	4,046.	22,860.	155,063.	0.
CHIEF OF STAFF & VP FOR STRATEGY & C		0.	0.	0.	0.	0.	. 0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							<del> </del>
	(ii)							<del> </del>
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Part III Supplemental Information	
III Supplemental Information Lethe Information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

THE VERMONT COMMUNITY FOUNDATION

**Employer identification number** 22-2712160

Clock if applicable   Contributions or applicable   Contributions   Contribu	Pai	t I Types of Property							
Art. Works of art   Art. Works of art.   Art.								ing	
2 Art. Historical treasures 3 Art. Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities Publicly traded X 79 36,499,037,PATR MARKET VALUE 8 Securities Publicly traded X 79 36,499,037,PATR MARKET VALUE 8 Securities Publicly traded 9 Securities Publicly traded 10 Securities Publicly traded 11 Securities Partnership, LLC, or trust interests 12 Securities Publicly traded 13 Qualified conservation contribution 14 Historic structures 14 Qualified conservation contribution Other, 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 10 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other			applicable			noncash contribu		•	s
2 Art. Historical treasures 3 Art. Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities Publicly traded X 79 36,499,037,PATR MARKET VALUE 8 Securities Publicly traded X 79 36,499,037,PATR MARKET VALUE 8 Securities Publicly traded 9 Securities Publicly traded 10 Securities Publicly traded 11 Securities Partnership, LLC, or trust interests 12 Securities Publicly traded 13 Qualified conservation contribution 14 Historic structures 14 Qualified conservation contribution Other, 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 10 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other	1	Art - Works of art							
3 Art - Fractional interests	2								
A Books and publications  Cuthing and household goods  Cars and other vehicles  Boats and planes  Intellectual property  Securities - Publicly traded  X 79 36,499,037, FAIR MARKET VALUE  Securities - Partnership, LLC, or trust interests  Cutified conservation contribution - Historic structures  Qualified conservation contribution - Historic structures  Qualified conservation contribution - Other  Real estate - Residential  Real estate - Commercial  Real estate - Other  Collectibles  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Scientifies specimens  4 Archeological artifacts  Scientifies specimens  4 Archeological artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Scientifies specimens  4 Archeological artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Drugs and medical supplies  1 Taxidermy  2 Historical artifacts  Drugs and medical supplies  Drugs and	3								
to College and household goods    Carry   Car	4								
6 Cars and other vehicles	5								
8 Intellectual property 9 Securities - Publicly traded X 79 36,499,037. FAIR MARKET VALUE  10 Securities - Closely held stock 79 36,499,037. FAIR MARKET VALUE  11 Securities - Partnership, LLC, or trust interests 8 12 Securities - Miscellaneous 8 13 Qualified conservation contribution - Historic structures  14 Qualified conservation contribution - Other 15 Real estate - Residential 8 16 Real estate - Commercial 8 17 Real estate - Commercial 9 18 Collectibles 9 19 Food inventory 9 20 Drugs and medical supplies 9 21 Taxidermy 2 22 Historical artifacts 9 23 Scientific specimens 9 24 Archeological artifacts 9 25 Other ▶ ( ) )	6								
8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - When the state - Commercial 14 Qualified conservation contribution - Other   15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other  () 26 Other  () 27 Other  () 28 Other  () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement for which the organization completed Form 8283, Part IV, Donee Acknowledgement for which the organization completed Form 8283, Part IV, Donee Acknowledgement for which the organization completed Form 8283, Part IV, Donee Acknowledgement for which the organization completed Form 8283, Part IV, Donee Acknowledgement for exempt purposes for the entire holding period?  29 Indirect the organization of the intelligence of the intial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  30a   X     30a   X     30b   If 'Yes,'' describe the arrangement in Part II.  31 If the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions?  31 If the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions?  31 If the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions?  32 If the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions?  31 If the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions?	7								
9 Securities - Publicly traded	8								
10 Securities - Closely held stock 11 Securities - Partnership, LLO, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic Structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Scientific specimens 24 Archeological artifacts 25 Other	9		Х	79	36,499,037	.FAIR MARKET VALU	E		
11 Securities - Partnership, LLC, or trust intrerests   Securities - Miscellaneous   Securities - Misce					, ,				
28 Securities - Miscellaneous  19 Qualified conservation contribution - Historic structures  10 Qualified conservation contribution - Other - Historic structures  11 Qualified conservation contribution - Other - Historic structures  12 Qualified conservation contribution - Other - Historic structures  15 Real estate - Residential - Historical - Historical - Historical - Other - Histor									
28 Securities - Miscellaneous  19 Qualified conservation contribution - Historic structures  10 Qualified conservation contribution - Other - Historic structures  11 Qualified conservation contribution - Other - Historic structures  12 Qualified conservation contribution - Other - Historic structures  15 Real estate - Residential - Historical - Historical - Historical - Other - Histor		trust interests							
Historic structures    4 Qualified conservation contribution - Other	12	Securities - Miscellaneous							
14 Qualified conservation contribution - Other	13	Qualified conservation contribution -							
14 Qualified conservation contribution - Other		Historic structures							
16 Real estate - Commercial Real estate - Other Real estate - Oth	14								
16 Real estate - Commercial Real estate - Other Real estate - Oth	15	Real estate - Residential							
17 Real estate - Other Collectibles Collecti	16								
18 Collectibles   Food inventory   Food	17								
19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (	18								
Drugs and medical supplies	19								
1 Taxidermy	20								
Historical artifacts  Scientific specimens  Archeological artifacts  Other	21								
33 Scientific specimens  4 Archeological artifacts  5 Other ▶ ( )	22								
24 Archeological artifacts  25 Other ▶ (	23								
25 Other   Oth	24								
26 Other	25	Out \							
27 Other   28 Other   (	26								
28 Other ()  Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  29  Yes No  During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  30a	27								
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  Yes No  During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  By If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  By If "Yes," describe in Part II.  If "Yes," describe in Part II.  If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		. `							
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29			zation during	g the tax year for c	ontributions	•			
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  10								0	
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  10 b If "Yes," describe the arrangement in Part II.  11 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  12 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  13 If "Yes," describe in Part II.  13 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			, ,	·				Yes	No
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32a X  b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	30a	During the year, did the organization receive by	/ contributio	n anv property rei	oorted in Part I. lines 1 thro	ugh 28, that it			
exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32a X  b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
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Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  By If "Yes," describe in Part II.  If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	b								
<ul> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,</li> </ul>		<del>-</del>	oolicy that re	equires the review	of any nonstandard contri	outions?	31	Х	
contributions?  b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							32a	х	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	h			• • • • • • • • • • • • • • • • • • • •			- Lu		
		,	olumn (c) fo	r a type of propert	v for which column (a) is ch	necked.			
	55	-	S.S.1117 (G) 10	. a type of propert	, i.e. willon column (a) is of	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Part II Supplemental Information. Provide the information required is reporting in Part I, column (b), the number of contributions, the number part for any additional information.	by Part I, lines 30b, 32b, and 33, and whether the organization mber of items received, or a combination of both. Also complete
SCHEDULE M, LINE 32B:	
THE VERMONT COMMUNITY FOUNDATION USES MORGAN STANLEY AND CHA	RLES SCHWAB
BROKERAGE SERVICES TO RECEIVE AND PROCESS NON-CASH CONTRIBUT	IONS.

#### **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

THE VERMONT COMMUNITY FOUNDATION

**Employer identification number** 

22-2712160 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VERMONT COMMUNITIES. THE FOUNDATION CONNECTS AND MOBILIZES PEOPLE THROUGH GIVING TO MULTIPLY THE IMPACT OF PHILANTHROPY. FORM 990, PART VI, SECTION A, LINE 6: THE FOUNDATION HAS AT LEAST 25, BUT NOT MORE THAN 200 MEMBERS. MEMBERSHIP SHALL INCLUDE REPRESENTATION FROM EACH COUNTY IN VERMONT, IT BEING THE PURPOSE OF THIS PROVISION TO MAKE THE MEMBERSHIP AS REPRESENTATIVE AS POSSIBLE OF THE ENTIRE STATE. AT LEAST 75% OF THE MEMBERS SHALL BE RESIDENTS OF THE STATE OF VERMONT. THE MEMBERSHIP'S DUTIES ARE TO ELECT THE DIRECTORS OF THE BOARD. ELECT MEMBERS. UPON REQUEST CONSULT AND ADVISE THE BOARD ABOUT MATTERS AFFECTING THE FOUNDATION AND PROMOTE THE PURPOSES AND METHODS OF OPERATIONS OF THE FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE, COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS OF THE FOUNDATION, RECEIVE AND REVIEW A COPY OF THE FORM 990. THE AUDIT COMMITTEE DISCUSSES THE FORM 990 WITH FINANCE STAFF PRIOR TO ITS FILING. ADDITION. THE BOARD OF DIRECTORS RECEIVE A COPY OF THE FORM 990 PRIOR TO THE FILING OF THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C:

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

THE FOUNDATION HAS ESTABLISHED A CONFLICT OF INTEREST POLICY AND A

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization  THE VERMONT COMMUNITY FOUNDATION	Employer identification number 22-2712160
CONFIDENTIALITY POLICY. THIS POLICY IS IMPLEMENTED AS FOLLOWS: A)	
ANNUALLY, THE VP OF FINANCE/CFO DISTRIBUTES AND REVIEWS THE CONFLICT OF	
INTEREST POLICY AND CONFIDENTIALITY POLICY WITH THE FOUNDATION STAFF. THE	
POLICIES ARE DISCUSSED AND THE STAFF COMPLETE THE ACKNOWLEDGEMENT FORM	
INDICATING UNDERSTANDING OF THE POLICY. AS PART OF THIS PROCESS, STAFF	
IDENTIFY ANY POTENTIAL CONFLICTS TO THE VP FOR FINANCE WHICH IS SUMMARIZED	
BY HUMAN RESOURCE AREA FOR VISIBILITY. THIS DATA IS USED TO ENSURE THAT	
THE FOUNDATION IS INDEPENDENT IN ITS DECISION MAKING. EVERY STAFF IS	
REQUIRED TO COMPLETE THESE FORMS. B) ANNUALLY, THE BOARD REVIEWS THE	
POLICIES WITH EACH DIRECTOR RETURNING THE SIGNATURE OF UNDERSTANDING PAGE	
ALONG WITH A LIST IDENTIFYING ANY CONFLICTS. VP FOR FINANCE PROVIDES A	
SUMMARY TO AUDIT COMMITTEE TO ENSURE CONFLICTS ARE DISCLOSED AND PROPER	
ABSTAINING OCCURS. C) NEW STAFF AND BOARD MEMBERS ARE INFORMED OF THESE	
POLICIES AS PART OF THEIR ORIENTATION MATERIALS AND RETURN THE	
ADKNOWLEDGEMENT OF UNDERSTANDING AND POTENTIAL CONFLICTS TO HUMAN	
RESOURCES. D) AT EACH BOARD MEETING, BOARD MEMBERS DISCLOSE ANY	
CONFLICTS AND ABSTAIN FROM VOTING AND/OR LEAVE THE MEETING AS APPROPRIATE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE FOUNDATION'S BOARD OF DIRECTORS REVIEWS THE PRESIDENT/CEO'S SALARY	
ANNUALLY AND USES THE COUNCIL ON FOUNDATION'S ANNUAL SALARY SURVEY AS A	
GUIDELINE TO DETERMINE THE APPROPRIATENESS OF THE SALARY AND/OR ANY	
ADJUSTMENTS. THE FOUNDATION SEEKS TO HAVE THE PRESIDENT/CEO'S SALARY BE AT	
A REASONABLE RANGE AROUND THE MEDIAN SALARY PROVIDED BY THE COUNCIL ON	
FOUNDATION'S SURVEY FOR FOUNDATIONS OF COMPARABLE SIZE, AS ADJUSTED FOR THE	
REPORTING PERIOD LAG. ALL OTHER STAFF SALARIES ARE ESTABLISHED BY THE	
PRESIDENT AND VP FOR FINANCE/CFO USING THE SAME METHOD DESCRIBED ABOVE.	
JOBS ARE MATCHED TO THE COUNCIL ON FOUNDATION'S SURVEY POSITIONS BASED ON	

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
THE VERMONT COMMUNITY FOUNDATION	22-2712160
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990. Part IV. line 33.	

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
THE HIGH MEADOWS FUND, INC 20-0288123							
3 COURT STREET	SUPPORT THE VERMONT			509(A)(3)	VERMONT COMMUNITY		
MIDDLEBURY, VT 05753	COMMUNITY FOUNDATION	VERMONT	501(C)(3)	TYPE 1	FOUNDATION	Х	
J. WARREN AND LOIS MCCLURE FOUNDATION, INC.							
- 03-0345186, 3 COURT STREET, MIDDLEBURY, VT	SUPPORT THE VERMONT			509(A)(3)	VERMONT COMMUNITY		
05753	COMMUNITY FOUNDATION	VERMONT	501(C)(3)	TYPE 1	FOUNDATION	х	
PERMANENT FUND FOR VERMONT'S CHILDREN, INC.							
- 31-1802348, 3 COURT STREET, MIDDLEBURY, VT	SUPPORT THE VERMONT			509(A)(3)	VERMONT COMMUNITY		
05753	COMMUNITY FOUNDATION	VERMONT	501(C)(3)	TYPE 1	FOUNDATION	х	
ADDISON COMMUNITY ATHLETICS FOUNDATION, INC.							
- 46-1164975, 3 COURT STREET, MIDDLEBURY, VT	SUPPORT THE VERMONT			509(A)(3)	VERMONT COMMUNITY		
05753	COMMUNITY FOUNDATION	VERMONT	501(C)(3)	TYPE 1	FOUNDATION	Х	

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

- organizations troated as a pa		,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	General managin partner	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	)
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	1										
	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i contr ent	tion b)(13) rolled ity?
		country)		0. 1.004		45515		Yes	No
CHARITABLE REMAINDER UNITRUSTS (5)	SPLIT INTEREST AGREEMENTS	VT	N/A	TRUST					x
CHARITADDE REMAINDER ONTIROSIS (3)	AGREEMENTS	V 1	N/A	IKOSI					
	SPLIT INTEREST								
CHARITABLE REMAINDER ANNUITY TRUST (1)	AGREEMENTS	VT	N/A	TRUST					Х
	_								

### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes " see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) PERMANENT FUND FOR VERMONT'S CHILDREN, INC.	L	256,420.	FMV
(2) HIGH MEADOWS FUND, INC.	L	93,500.	FMV
(3) J. WARREN AND LOIS MCCLURE FOUNDATION, INC.	L	104,488.	FMV
(4) PERMANENT FUND FOR VERMONT'S CHILDREN, INC.	В	641,000.	FMV
(5) ADDISON COMMUNITY ATHLETICS FOUNDATION, INC	L	25,000.	FMV
(6) ADDISON COMMUNITY ATHLETICS FOUNDATION, INC	В 07	174,780.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form	m 990), Part V, line 2	)	
(a)  Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) HIGH MEADOWS FUND, INC.	С	4,767.	FMC
(8)			
(9)			
(10)			
(11)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	)	(f)	(g)	(	h)	(i)	(	j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501(c) orgs	all s sec. )(3) .?	Share of total	Share of end-of-year	Disp tio alloca	ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or aging ner?	Percenta ownersh
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	ИО	
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