

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE VERMONT COMMUNITY FOUNDATION  <b>Doing business as</b> _____ <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 3 COURT STREET _____ <b>City or town, state or province, country, and ZIP or foreign postal code</b> MIDDLEBURY, VT 05753	<b>D Employer identification number</b> 22-2712160  <b>E Telephone number</b> 802-388-3355
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> 91,138,413.
<b>J Website:</b> ▶ WWW.VERMONTCF.ORG		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1986 <b>M State of legal domicile:</b> VT
<b>F Name and address of principal officer:</b> DAN SMITH SAME AS C ABOVE		
<b>H(c) Group exemption number</b> ▶		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: THE VERMONT COMMUNITY FOUNDATION HELPS TO BUILD PHILANTHROPIC RESOURCES TO SUSTAIN HEALTHY AND VITAL		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	31
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	28
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	151,872.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	114,201.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	44,943,412.	21,117,504.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	490,908.	509,702.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,212,669.	11,924,342.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-848.	-11,499.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,646,141.	33,540,049.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	13,681,694.	15,637,389.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	2,553,678.	2,838,135.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 803,150.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,609,044.	2,665,537.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,844,416.	21,141,061.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	38,801,725.	12,398,988.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	264,749,292.	254,491,126.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	10,747,700.	11,433,140.
		254,001,592.	243,057,986.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ DEBRA DABROWSKI ROONEY, V.P. FOR FINANCE & CFO Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LORI BUDNICK	Preparer's signature LORI BUDNICK	Date 11/13/19	Check if self-employed <input type="checkbox"/>	PTIN P00046310
	Firm's name ▶ BLUM, SHAPIRO & COMPANY, P.C., CPA'S Firm's address ▶ 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000	Firm's EIN ▶ 06-1009205	Phone no. 860-561-4000		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 expenses. 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 \$ 15,585,050. including grants of \$ 14,629,886. ) (Revenue \$ 11,200. ) THE VERMONT COMMUNITY FOUNDATION INSPIRES GIVING AND BRINGS PEOPLE AND RESOURCES TOGETHER TO MAKE A DIFFERENCE IN VERMONT. A FAMILY OF HUNDREDS OF FUNDS AND FOUNDATIONS, THE FOUNDATION PROVIDES THE ADVICE, INVESTMENT VEHICLES, AND BACK-OFFICE EXPERTISE THAT MAKE IT EASY FOR THE PEOPLE WHO CARE ABOUT VERMONT TO FIND AND FUND THE CAUSES THEY LOVE. THE FOUNDATION ALSO PROVIDES NONPROFIT ENDOWMENT MANAGEMENT AND PLANNED GIVING SERVICES. IN 2018, THE MORE THAN 700 FUNDS UNDER THE FOUNDATION'S UMBRELLA GRANTED OVER \$14 MILLION PRIMARILY TO NONPROFITS THROUGHOUT VERMONT.

THE HEART OF THE COMMUNITY FOUNDATION'S WORK IS CLOSING THE OPPORTUNITY GAP-THE DIVIDE THAT LEAVES TOO MANY VERMONTERS STRUGGLING TO GET AHEAD,

4b (Code: ) (Expenses \$ 1,007,503. including grants of \$ 1,007,503. ) (Revenue \$ 498,502. ) THE FOUNDATION SUPPORTS EFFECTIVE PHILANTHROPY, WHICH INCLUDES GRANTMAKING, INVESTMENT MANAGEMENT AND ADMINISTRATIVE SUPPORT, THROUGHOUT THE STATE OF VERMONT. THE FOUNDATION OFFERED THESE SERVICES TO FIVE SUPPORTING ORGANIZATIONS IN 2018 RESULTING IN SUPPORTING FEE REVENUE AND GRANTS TO THESE SUPPORTING ORGANIZATIONS TO FURTHER THEIR MISSION.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 16,592,553.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGARET SEELY CHAIR	8.00	X		X				0.	0.	0.
(2) CAROLYN DWYER VICE CHAIR	8.00	X		X				0.	0.	0.
(3) ALLYSON LAACKMAN TREASURER	4.00	X		X				0.	0.	0.
(4) SPENCER KNAPP SECRETARY	4.00	X		X				0.	0.	0.
(5) JAMES G. WHEELER, JR. DIRECTOR	2.00	X						0.	0.	0.
(6) PETER KINDER DIRECTOR	2.00	X						0.	0.	0.
(7) JULIE PETERSON FORMER DIRECTOR	2.00	X						0.	0.	0.
(8) LISA CASHDAN DIRECTOR	2.00	X						0.	0.	0.
(9) BETSY RATHBUN-GUNN DIRECTOR	2.00	X						0.	0.	0.
(10) SARAH WARING FORMER DIRECTOR	2.00	X						0.	0.	0.
(11) MARK FOLEY, JR. DIRECTOR	2.00	X						0.	0.	0.
(12) WILL STEVENS DIRECTOR	2.00	X						0.	0.	0.
(13) MICHAEL M. METZ DIRECTOR	2.00	X						0.	0.	0.
(14) TIM VOLK DIRECTOR	2.00	X						0.	0.	0.
(15) DAN SMITH PRESIDENT & CEO	48.00			X				182,960.	0.	39,782.
(16) FELIPE RIVERA CHIEF OF STAFF & VP FOR ST	46.00			X				130,421.	0.	32,987.
(17) DEBRA DABROWSKI ROONEY CFO AND VP FOR FINANCE & O	48.00			X				132,149.	0.	29,934.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICK BERRY VP FOR PHILANTHROPY	48.00			X				134,901.	0.	4,103.
(19) ELIZABETH GAMACHE FORMER VP FOR GRANTS AND COMMUNIT	48.00			X				92,742.	0.	1,877.
(20) DAVID MORRISSEY CONTROLLER	40.00					X		102,152.	0.	6,051.
<b>1b Sub-total</b>								775,325.	0.	114,734.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								775,325.	0.	114,734.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLONIAL CONSULTING, 750 THIRD AVENUE, 20TH FLOOR, NEW YORK, NY 10017	INVESTMENT CONSULTANT	198,984.
GENERATION INVESTMENT MANAGEMENT US, 555 MISSION STREET, SUITE 3400, SAN FRANCISCO, FOCUSED INVESTORS FUND LP, 1999 AVENUE OF THE STARS, LOS ANGELES, CA 90067	INVESTMENT MANAGER	175,123.
SANDERSON ASSET MANAGEMENT, INC., 250 SOUTH WACKER DRIVE, SUITE 220, CHICAGO, IL	INVESTMENT MANAGER	129,037.
	INVESTMENT MANAGER	120,977.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	130,050.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20,987,454.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		8,629,927.				
	<b>h Total.</b> Add lines 1a-1f		21,117,504.				
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b>	561000	498,502.	498,502.		
	<b>b</b> DUES		561000	11,200.	11,200.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			509,702.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,508,416.		52,010.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			8,415,926.		99,862.
	<b>8 a</b> Gross income from fundraising events (not including \$ 130,050. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			46,360.		
		<b>b</b> Less: direct expenses			57,859.		
		<b>c</b> Net income or (loss) from fundraising events			-11,499.		-11,499.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			33,540,049.	509,702.	151,872.	11,760,971.	

**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 response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	15,517,973.	15,517,973.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	119,416.	119,416.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	890,059.	161,513.	555,164.	173,382.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,478,357.	387,447.	709,584.	381,326.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	39,973.	11,789.	16,597.	11,587.
<b>9</b> Other employee benefits .....	247,647.	77,631.	115,781.	54,235.
<b>10</b> Payroll taxes .....	182,099.	42,611.	96,717.	42,771.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	46,686.		46,686.	
<b>c</b> Accounting .....	48,350.		48,350.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,472,325.		1,472,325.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	233,905.	68,626.	164,829.	450.
<b>12</b> Advertising and promotion .....	76,971.	47,869.	23,678.	5,424.
<b>13</b> Office expenses .....	62,612.	9,683.	43,708.	9,221.
<b>14</b> Information technology .....	174,369.	41,957.	97,906.	34,506.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	108,809.	27,202.	59,845.	21,762.
<b>17</b> Travel .....	69,188.	17,130.	27,967.	24,091.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	115,264.	9,694.	99,356.	6,214.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	93,801.	23,450.	51,591.	18,760.
<b>23</b> Insurance .....	32,433.		32,433.	
<b>24</b> 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.)				
<b>a</b> COMMUNICATIONS	60,053.	17,562.	23,070.	19,421.
<b>b</b> PROFESSIONAL DEVELOPMEN	34,725.		34,725.	
<b>c</b> DUES	34,619.	11,000.	23,619.	
<b>d</b> MISCELLANEOUS	1,427.		1,427.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,141,061.	16,592,553.	3,745,358.	803,150.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,468,550.	<b>1</b>	9,947,926.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	208,244.	<b>3</b>	55,313.
	<b>4</b> Accounts receivable, net .....	8,000.	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	66,392.	<b>9</b>	108,253.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,685,264.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,336,924.		
		1,429,957.	<b>10c</b>	1,348,340.
	<b>11</b> Investments - publicly traded securities .....	79,308,362.	<b>11</b>	73,514,072.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	163,857,841.	<b>12</b>	158,003,990.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	9,005,500.	<b>13</b>	11,175,630.
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	396,446.	<b>15</b>	337,602.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	264,749,292.	<b>16</b>	254,491,126.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	196,898.	<b>17</b>	207,768.
	<b>18</b> Grants payable .....	519,894.	<b>18</b>	1,513,117.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	10,030,908.	<b>25</b>	9,712,255.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,747,700.	<b>26</b>	11,433,140.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	241,535,894.	<b>27</b>	232,715,459.
	<b>28</b> Temporarily restricted net assets .....	12,465,698.	<b>28</b>	10,342,527.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	254,001,592.	<b>33</b>	243,057,986.	
<b>34</b> Total liabilities and net assets/fund balances .....	264,749,292.	<b>34</b>	254,491,126.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	33,540,049.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,141,061.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	12,398,988.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	254,001,592.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-22,995,126.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-347,468.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	243,057,986.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2018)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,818,456.	33,760,478.	28,597,241.	15,421,954.	21,117,504.	111,715,633.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	12,818,456.	33,760,478.	28,597,241.	15,421,954.	21,117,504.	111,715,633.
<b>5</b> 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) .....						25,132,103.
<b>6 Public support.</b> Subtract line 5 from line 4.						86,583,530.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	12,818,456.	33,760,478.	28,597,241.	15,421,954.	21,117,504.	111,715,633.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2,379,171.	2,267,560.	2,728,073.	2,720,119.	3,508,416.	13,603,339.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						125,318,972.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,187,933.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	69.09 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	68.70 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</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 Part VI the role played by the organization in this regard.		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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

**2018**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**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**

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

Name of organization <p style="text-align: center;">THE VERMONT COMMUNITY FOUNDATION</p>	Employer identification number <p style="text-align: center;">22-2712160</p>
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) 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) 2018

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.	11,315.												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	27,128.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	0.	38,443.												
<b>d</b>	Other exempt purpose expenditures	21,141,061.	30,763,476.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	21,141,061.	30,801,919.												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> 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	9,750.	39,418.	107,943.	38,443.	195,554.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures		24,418.	9,389.	11,315.	45,122.

**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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**Part IV Supplemental Information** (continued)

**Schedule C Affiliated Group Lobbying Expenditures Part II -A**

Name of Affiliated Group Member: LET'S GROW KIDS, INC. Employer ID Number: 31-1802348

Affiliated Group Member Address: 3 COURT STREET MIDDLEBURY, VT 05753 Electing Member: YES

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	11,315. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	27,128. b												
Total lobbying expenditures (add lines 1a and 1b) .....	38,443. c												
Other exempt purpose expenditures .....	5,635,579. d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	5,674,022. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	433,701. f												
Grassroots nontaxable amount (enter 25% of line 1f) .....	108,425. g												
Subtract line 1g from line 1a (limit to zero) .....	0. h												
Subtract line 1f from line 1c (limit to zero) .....	0. i												
Member's share of excess lobbying 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

Affiliated Group Member Address  
3 COURT STREET  
MIDDLEBURY, VT 05753

Electing Member  
YES

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0. b												
Total lobbying expenditures (add lines 1a and 1b) .....	0. c												
Other exempt purpose expenditures .....	1,417,003. d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	1,417,003. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	216,700. f												
Grassroots nontaxable amount (enter 25% of line 1f) .....	54,175. g												
Subtract line 1g from line 1a (limit to zero) .....	0. h												
Subtract line 1f from line 1c (limit to zero) .....	0. i												
Member's share of excess lobbying expenditures .....	0.												

**Part IV Supplemental Information** (continued)

**Schedule C**

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

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

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0. b												
Total lobbying expenditures (add lines 1a and 1b) .....	0. c												
Other exempt purpose expenditures .....	686,837. d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	686,837. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	128,026. f												
Grassroots nontaxable amount (enter 25% of line 1f) .....	32,007. g												
Subtract line 1g from line 1a (limit to zero) .....	0. h												
Subtract line 1f from line 1c (limit to zero) .....	0. i												
Member's share of excess lobbying expenditures .....	0.												

**Part IV** Supplemental Information (continued)

**Schedule C** **Affiliated Group Lobbying Expenditures**  
**Part II -A**

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

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0. b												
Total lobbying expenditures (add lines 1a and 1b) .....	0. c												
Other exempt purpose expenditures .....	292,833. d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	292,833. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	58,567. f
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
Grassroots nontaxable amount (enter 25% of line 1f) .....	14,642. g												
Subtract line 1g from line 1a (limit to zero) .....	0. h												
Subtract line 1f from line 1c (limit to zero) .....	0. i												
Member's share of excess lobbying expenditures .....	0.												

**Part IV** Supplemental Information (continued)

**Schedule C** **Affiliated Group Lobbying Expenditures**  
**Part II -A**

Name of Affiliated Group Member  
CURTIS FUND, INC.

Employer ID Number  
03-6009912

Affiliated Group Member Address  
3 COURT STREET  
MIDDLEBURY, VT 05753

Electing Member  
NO

**Limits on Lobbying Expenditures:**

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0. b												
Total lobbying expenditures (add lines 1a and 1b) .....	0. c												
Other exempt purpose expenditures .....	1,590,163. d												
Total exempt purpose expenditures (add lines 1c and 1d) .....	1,590,163. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line e is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>&gt; 500,000 &lt;= 1,000,000</td> <td>100,000 + 15% &gt; 500,000</td> </tr> <tr> <td>&gt; 1,000,000 &lt;= 1,500,000</td> <td>175,000 + 10% &gt; 1,000,000</td> </tr> <tr> <td>&gt; 1,500,000 &lt;= 17,000,000</td> <td>225,000 + 5% &gt; 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	229,508. f												
Grassroots nontaxable amount (enter 25% of line 1f) .....	57,377. g												
Subtract line 1g from line 1a (limit to zero) .....	0. h												
Subtract line 1f from line 1c (limit to zero) .....	0. i												
Member's share of excess lobbying 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** THE VERMONT COMMUNITY FOUNDATION **Employer identification number** 22-2712160

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	282	
2 Aggregate value of contributions to (during year) .....	14,402,702.	
3 Aggregate value of grants from (during year) .....	8,458,496.	
4 Aggregate value at end of year .....	107,350,343.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	249,470,508.	192,035,450.	165,766,319.	153,295,488.	151,115,719.
b Contributions	21,030,338.	44,389,827.	28,756,452.	33,858,087.	12,763,985.
c Net investment earnings, gains, and losses	-11,551,583.	31,089,013.	14,497,960.	-2,279,585.	8,510,251.
d Grants or scholarships	15,813,693.	13,653,752.	13,538,920.	15,395,690.	15,306,771.
e Other expenditures for facilities and programs	3,175,173.	2,744,204.	2,376,124.	2,541,129.	2,645,195.
f Administrative expenses	1,482,025.	1,645,826.	1,070,237.	1,170,851.	1,142,501.
g End of year balance	238,478,372.	249,470,508.	192,035,450.	165,766,319.	153,295,488.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  96.00 %
- b Permanent endowment  .00 %
- c Temporarily restricted endowment  4.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,022,096.	714,098.	1,307,998.
c Leasehold improvements		4,728.	4,728.	0.
d Equipment		658,440.	618,098.	40,342.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,348,340.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" 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: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) FIXED INCOME	32,907,898.	END-OF-YEAR MARKET VALUE
(B) DOMESTIC EQUITY	27,713,294.	END-OF-YEAR MARKET VALUE
(C) GLOBAL EQUITY	61,686,074.	END-OF-YEAR MARKET VALUE
(D) HEDGED EQUITY	25,654,013.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	10,042,711.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	158,003,990.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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) Federal income taxes	
(2) LIABILITIES ASSOCIATED WITH SPLIT INTEREST	
(3) AGREEMENTS	9,712,255.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,712,255.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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 provide any additional information.

PART V, LINE 4:

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.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization  THE VERMONT COMMUNITY FOUNDATION	Employer identification number  22-2712160
------------------------------------------------------------------	--------------------------------------------------

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is 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, program 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		37,176,793.
<b>3 a</b> Subtotal .....	0	0			37,176,793.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			37,176,793.

**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 any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(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)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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)* .....  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  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  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)* .....  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)* .....  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  No

**Part V Supplemental Information**

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.

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VERMONT WOMEN'S FUND FUNDRAISERS (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	176,410.			176,410.
	<b>2</b> Less: Contributions .....	130,050.			130,050.
	<b>3</b> Gross income (line 1 minus line 2) .....	46,360.			46,360.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	10,024.			10,024.
	<b>7</b> Food and beverages .....	2,202.			2,202.
	<b>8</b> Entertainment .....	32,149.			32,149.
	<b>9</b> Other direct expenses .....	13,484.			13,484.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				57,859.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-11,499.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 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:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

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 retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 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 III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **THE VERMONT COMMUNITY FOUNDATION** Employer identification number **22-2712160**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACADEMY FOR SYSTEMS CHANGE PO BOX 1012 NORWICH, VT 05055	02-0492913	501(C)(3)	7,500.	0.			GEN. SUPPORT
ADDISON CENTRAL SCHOOL DISTRICT 49 CHARLES AVENUE MIDDLEBURY, VT 05753	03-6000335	MUNICIPAL	9,024.	0.			GEN. SUPPORT
ADDISON COMMUNITY ATHLETICS FOUNDATION, INC. - 3 COURT STREET - MIDDLEBURY, VT 05753	46-1164975	501(C)(3)	236,328.	0.			GEN. SUPPORT
ADDISON COUNTY COMMUNITY ACTION GROUP (HOPE) - 282 BOARDMAN STREET, SUITE 1A - MIDDLEBURY, VT 05753	23-7393720	501(C)(3)	167,700.	0.			GEN. SUPPORT
ADDISON COUNTY FAIR & FIELD DAYS P.O. BOX 745 MIDDLEBURY, VT 05753	03-0185886	501(C)(3)	100,000.	0.			GEN. SUPPORT
ADDISON COUNTY HUMANE SOCIETY 236 BOARDMAN STREET MIDDLEBURY, VT 05753	03-0264068	501(C)(3)	16,664.	0.			GEN. SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 385.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

**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
ADDISON COUNTY PARENT/CHILD CENTER 126 MONROE STREET, P.O. BOX 646 MIDDLEBURY, VT 05753	03-0280370	501(C)(3)	39,000.	0.			GEN. SUPPORT
ADIRONDACK COUNCIL P.O. BOX D- 2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	20,500.	0.			GEN. SUPPORT
ADVANCE TRANSIT P.O. BOX 1027 WILDER, VT 05088	22-2558708	501(C)(3)	5,500.	0.			GEN. SUPPORT
AGE WELL 76 PEARL STREET, SUITE 201 ESSEX JUNCTION, VT 05452	22-2474636	501(C)(3)	6,000.	0.			GEN. SUPPORT
ALBANY PUBLIC LIBRARY 530 MAIN STREET ALBANY, VT 05820	03-6000344	501(C)(3)	5,300.	0.			GEN. SUPPORT
ALL HANDS AND HEARTS - SMART RESPONSE - 6 COUNTY ROAD, SUITE 6 - MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	10,000.	0.			GEN. SUPPORT
ALLIANCE FOR CLIMATE EDUCATION 4696 BROADWAY, SUITE 2 BOULDER, CO 80304	26-3106566	501(C)(3)	10,000.	0.			GEN. SUPPORT
ALLIANCE FOR VERMONT COMMUNITIES P.O. BOX 545 SOUTH ROYALTON, VT 05068	81-3430662	501(C)(3)	37,500.	0.			GEN. SUPPORT
ALLIED ARTISTS OF AMERICA C/O SALMAGUNDI CLUB, 47 FIFTH AVE. NEW YORK, NY 10003	13-6116201	501(C)(3)	6,000.	0.			GEN. SUPPORT

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AMERICAN ASSOCIATION OF SUICIDOLOGY - 5221 WISCONSIN AVENUE, NW - WASHINGTON, DC 20015	95-2930701	501(C)(3)	10,000.	0.			GEN. SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF VERMONT - PO BOX 277 - MONTPELIER, VT 05601	23-7123046	501(C)(3)	23,650.	0.			GEN. SUPPORT
AMERICAN MORGAN HORSE EDUCATIONAL CHARITABLE TRUST - 4066 SHELBURNE ROAD, SUITE 5 - SHELBURNE, VT 05482-4904	30-6041200	501(C)(3)	67,500.	0.			GEN. SUPPORT
AMERICAN PRECISION MUSEUM, INC. 196 MAIN STREET, P.O. BOX 679 WINDSOR, VT 05089-0679	03-0218096	501(C)(3)	5,531.	0.			GEN. SUPPORT
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	30,250.	0.			GEN. SUPPORT
AMERICAN WIND WILDLIFE INSTITUTE 1110 VERMONT AVENUE, NW, SUITE 950 WASHINGTON, DC 20005	26-1587829	501(C)(3)	100,000.	0.			GEN. SUPPORT
APPALACHIAN VOICES 589 WEST KING STREET BOONE, NC 28607	56-2049956	501(C)(3)	10,000.	0.			GEN. SUPPORT
BARRE HISTORICAL SOCIETY P.O. BOX 496 BARRE, VT 05641	03-6010615	501(C)(3)	5,250.	0.			GEN. SUPPORT
BARRE OPERA HOUSE, INC. 6 NORTH MAIN STREET, P.O. BOX 583 BARRE, VT 05641	03-0270440	501(C)(3)	10,416.	0.			GEN. SUPPORT

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BELLA VOCE WOMEN'S CHORUS OF VERMONT - 14 ASPEN DRIVE - ESSEX JUNCTION, VT 05452	20-0941504	501(C)(3)	7,000.	0.			GEN. SUPPORT
BENNINGTON COALITION FOR THE HOMELESS - P.O. BOX 4736 - BENNINGTON, VT 05201	03-0346663	501(C)(3)	32,250.	0.			GEN. SUPPORT
BENNINGTON COLLEGE ONE COLLEGE DRIVE BENNINGTON, VT 05201	03-0179414	501(C)(3)	7,750.	0.			GEN. SUPPORT
BENNINGTON COUNTY REGIONAL COMMISSION - 111 SOUTH STREET, SUITE 203 - BENNINGTON, VT 05201	03-0224444	501(C)(3)	105,000.	0.			GEN. SUPPORT
BENNINGTON FREE LIBRARY 101 SILVER STREET BENNINGTON, VT 05201	03-0181067	501(C)(3)	15,603.	0.			GEN. SUPPORT
BETHANY COLLEGE DEVELOPMENT OFFICE, 31 EAST CAMPUS BETHANY, WV 26032	55-0356985	501(C)(3)	20,000.	0.			GEN. SUPPORT
BIG DOG RANCH RESCUE 11390 JOG ROAD, SUITE 101 PALM BEACH GARDENS, FL 33418	26-3184971	501(C)(3)	10,000.	0.			GEN. SUPPORT
BIRDS OF VERMONT MUSEUM 900 SHERMAN HOLLOW ROAD HUNTINGTON, VT 05462	03-0277302	501(C)(3)	71,064.	0.			GEN. SUPPORT
BOY SCOUTS OF AMERICA - GREEN MOUNTAIN COUNCIL - P.O. BOX 557 - WATERBURY, VT 05676	03-0229256	501(C)(3)	6,050.	0.			GEN. SUPPORT

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BOYS & GIRLS CLUB OF BURLINGTON 62 OAK STREET BURLINGTON, VT 05401	03-0179307	501(C)(3)	34,709.	0.			GEN. SUPPORT
BOYS & GIRLS CLUB OF GREATER VERGENNES - 55 SCHOOL STREET - VERGENNES, VT 05491-0356	03-0359691	501(C)(3)	5,500.	0.			GEN. SUPPORT
BOYS & GIRLS CLUB OF RUTLAND COUNTY - 71-77 MERCHANTS ROW, P.O. BOX 636 - RUTLAND, VT 05702	31-1653365	501(C)(3)	140,587.	0.			GEN. SUPPORT
BRAIN ARTS ORGANIZATION, INC. 1486 DORCHESTER AVE. #2 DORCHESTER, MA 02122	46-2199793	501(C)(3)	15,000.	0.			GEN. SUPPORT
BRATTLEBORO HOCKEY ASSOCIATION PO BOX 1 BRATTLEBORO, VT 05301	03-0262901	501(C)(3)	6,300.	0.			GEN. SUPPORT
BRIGHTON COMMUNITY FORUM P.O. BOX 157 ISLAND POND, VT 05846	20-0968570	501(C)(3)	6,500.	0.			GEN. SUPPORT
BROC - COMMUNITY ACTION IN SOUTHWESTERN VERMONT - 45 UNION STREET - RUTLAND, VT 05701	03-0216505	501(C)(3)	12,500.	0.			GEN. SUPPORT
BRYAN MEMORIAL GALLERY FOUNDATION, INC. - 180 MAIN STREET, P.O. BOX 340 - JEFFERSONVILLE, VT 05464-0340	03-0287574	501(C)(3)	62,438.	0.			GEN. SUPPORT
BUILDING A LOCAL ECONOMY, INC. (BALE) - 35 SOUTH WINDSOR STREET, P.O. BOX 211 - SOUTH ROYALTON, VT 05068	27-4850835	501(C)(3)	15,250.	0.			GEN. SUPPORT

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BURKLYN ARTS COUNCIL PO BOX 1056 LYNDONVILLE, VT 05851	23-7164267	501(C)(3)	10,000.	0.			GEN. SUPPORT
BURLINGTON CHAMBER ORCHESTRA P.O. BOX 64983 BURLINGTON, VT 05406	74-3225462	501(C)(3)	10,500.	0.			GEN. SUPPORT
BURLINGTON CITY ARTS FOUNDATION 135 CHURCH STREET BURLINGTON, VT 05401	03-0354963	501(C)(3)	17,106.	0.			GEN. SUPPORT
BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401	03-6000410	MUNICIPAL	7,500.	0.			GEN. SUPPORT
BURLINGTON SCHOOLS FOUNDATION P.O. BOX 3307 BURLINGTON, VT 05408	03-0352489	501(C)(3)	27,500.	0.			GEN. SUPPORT
CAMP THORPE, INC. 680 CAPEN HILL ROAD, P.O. BOX 82 BRANDON, VT 05733	03-0183587	501(C)(3)	10,288.	0.			GEN. SUPPORT
CANAAAN SCHOOL DISTRICT 99 SCHOOL STREET CANAAAN, VT 05903	03-6000415	501(C)(3)	6,654.	0.			GEN. SUPPORT
CANCER PATIENT SUPPORT FOUNDATION, INC. - P.O. BOX 1804 - WILLISTON, VT 05495	03-0365270	501(C)(3)	13,000.	0.			GEN. SUPPORT
CAPITAL CITY CONCERTS P.O. BOX 622 MONTPELIER, VT 05601	03-0371755	501(C)(3)	11,000.	0.			GEN. SUPPORT

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CAPITAL SOCCER CLUB 4 NORTH PARK DRIVE MONTPELIER, VT 05602	34-2034406	501(C)(3)	8,200.	0.			GEN. SUPPORT
CAPSTONE COMMUNITY ACTION 20 GABLE PLACE BARRE, VT 05641	03-0216254	501(C)(3)	37,500.	0.			GEN. SUPPORT
CARPENTER-CARSE LIBRARY 69 BALLARD CORNERS HINESBURG, VT 05461	03-0185083	501(C)(3)	8,304.	0.			GEN. SUPPORT
CASTLETON COMMUNITY SENIORS, INC. 2108 MAIN STREET CASTLETON, VT 05735	03-0357112	501(C)(3)	6,000.	0.			GEN. SUPPORT
CATAMOUNT FILM & ARTS CO. 115 EASTERN AVENUE, P.O. BOX 324 ST. JOHNSBURY, VT 05819	03-0276780	501(C)(3)	49,848.	0.			GEN. SUPPORT
CATSKILL CENTER FOR CONSERVATION AND DEVELOPMENT, INC. - 43355 ROUTE 28 - ARKVILLE, NY 12406	23-7058142	501(C)(3)	20,000.	0.			GEN. SUPPORT
CCTV CENTER FOR MEDIA & DEMOCRACY CHITTENDEN COMMUNITY TELEVISION, 294 NORTH WINOOSKI AVENUE, SUITES 210-211 -	22-2582888	501(C)(3)	50,250.	0.			GEN. SUPPORT
CENTER FOR HEALTH AND LEARNING 28 VERNON STREET, SUITE 319 BRATTLEBORO, VT 05301	03-0351024	501(C)(3)	25,000.	0.			GEN. SUPPORT
CENTER FOR RESTORATIVE JUSTICE 439 MAIN STREET, SUITE 2 BENNINGTON, VT 05201	03-0284675	501(C)(3)	23,843.	0.			GEN. SUPPORT

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CENTER FOR THE STUDY OF PLACE 217 OAK RIDGE CIRCLE STAUNTON, VA 24401	85-0434036	501(C)(3)	20,000.	0.			GEN. SUPPORT
CENTER FOR WOMEN & ENTERPRISE 24 SCHOOL STREET, 7TH FLOOR BOSTON, MA 02108	04-3256236	501(C)(3)	8,000.	0.			GEN. SUPPORT
CENTRAL VERMONT COUNCIL ON AGING 59 NORTH MAIN STREET, SUITE 200 BARRE, VT 05641	03-0276104	501(C)(3)	16,000.	0.			GEN. SUPPORT
CHAMPLAIN COLLEGE 163 SOUTH WILLARD STREET, P.O. BOX BURLINGTON, VT 05402	03-0220266	501(C)(3)	34,382.	0.			GEN. SUPPORT
CHAMPLAIN HOUSING TRUST 88 KING STREET BURLINGTON, VT 05401	22-2536446	501(C)(3)	106,611.	0.			GEN. SUPPORT
CHAMPLAIN VALLEY OFFICE OF ECONOMIC OPPORTUNITY (CVOEO) - 255 SOUTH CHAMPLAIN STREET, P.O. BOX 1603 - BURLINGTON, VT 05402	03-0216837	501(C)(3)	56,500.	0.			GEN. SUPPORT
CHAMPLAIN VALLEY UNITARIAN UNIVERSALIST SOCIETY - 2 DUANE COURT - MIDDLEBURY, VT 05753-1383	83-1559952	501(C)(3)	6,000.	0.			GEN. SUPPORT
CHANDLER CENTER FOR THE ARTS, INC. 71-73 MAIN STREET RANDOLPH, VT 05060	03-0266500	501(C)(3)	6,000.	0.			GEN. SUPPORT
CHANGE THE WORLD KIDS 7 CHURCH STREET WOODSTOCK, VT 05091	03-0531488	501(C)(3)	8,000.	0.			GEN. SUPPORT

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CHANGING PERSPECTIVES P.O BOX 694 BRADFORD, VT 05033	46-3115902	501(C)(3)	7,000.	0.			GEN. SUPPORT
CHILDREN'S LITERACY FOUNDATION (CLIF) - 1536 LOOMIS HILL ROAD - WATERBURY CENTER, VT 05677	02-0498154	501(C)(3)	44,500.	0.			GEN. SUPPORT
CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS - 20622 WEST PALM SILVER PALM DR - ESTERO, FL 33928	04-8661767	RELIGIOUS	79,000.	0.			GEN. SUPPORT
CIRCLE, INC. P.O. BOX 652 BARRE, VT 05641	03-0331147	501(C)(3)	12,450.	0.			GEN. SUPPORT
CIRCUS SMIRKUS ONE CIRCUS ROAD GREENSBORO, VT 05841	23-7352665	501(C)(3)	10,000.	0.			GEN. SUPPORT
CITY OF BARRE, VERMONT 6 NORTH MAIN STREET, P.O. BOX 418 BARRE, VT 05641	03-6000356	MUNICIPAL	58,864.	0.			GEN. SUPPORT
CIVILIAN CONSERVATION CORPS USA 82 BLAIR PARK ROAD, P.O. BOX 357 WILLISTON, VT 05495	81-4015690	501(C)(3)	25,000.	0.			GEN. SUPPORT
CMF INNOVATIONS P.O. BOX 385 CHARLOTTE, VT 05445	46-1041296	501(C)(3)	12,000.	0.			GEN. SUPPORT
COLLEGE STREET CONGREGATIONAL CHURCH - 265 COLLEGE STREET - BURLINGTON, VT 05401	03-0184074	501(C)(3)	16,209.	0.			GEN. SUPPORT

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COMMITTEE ON TEMPORARY SHELTER 95 NORTH AVENUE, P.O. BOX 1616 BURLINGTON, VT 05402	03-0285606	501(C)(3)	88,050.	0.			GEN. SUPPORT
COMMODORE FRIENDS OF MUSIC C/O KATHY CLARK, VERMONT ROUTE 22A ADDISON, VT 05491	81-3838896	501(C)(3)	15,000.	0.			GEN. SUPPORT
COMMON GROUND CENTER 473 TATRO ROAD STARKSBORO, VT 05487	03-0343966	501(C)(3)	15,500.	0.			GEN. SUPPORT
COMMUNITY ASYLUM SEEKERS PROJECT 2128 BROCKWAYS MILLS ROAD ROCKINGHAM, VT 05143	81-3418323	501(C)(3)	10,000.	0.			GEN. SUPPORT
COMMUNITY ENGAGEMENT LAB 41 SUMMER ST. MONTPELIER, VT 05602	45-3868526	501(C)(3)	15,000.	0.			GEN. SUPPORT
COMMUNITY HEALTH CENTERS OF BURLINGTON - 617 RIVERSIDE AVENUE - BURLINGTON, VT 05401	23-7182584	501(C)(3)	16,000.	0.			GEN. SUPPORT
COMMUNITY HEALTH SERVICES OF ADDISON COUNTY (D.B.A. OPEN DOOR CLINIC - 100 PORTER DRIVE - MIDDLEBURY, VT 05753	03-0359531	501(C)(3)	27,012.	0.			GEN. SUPPORT
COMMUNITY RESILIENCE ORGANIZATIONS 97 HAYWARD STREET BURLINGTON, VT 05401	47-4647183	501(C)(3)	10,500.	0.			GEN. SUPPORT
COMMUNITY RESTORATIVE JUSTICE CENTER, INC. - 576 RAILROAD STREET, SUITE 2 - ST. JOHNSBURY, VT 05819	80-0807940	501(C)(3)	5,500.	0.			GEN. SUPPORT

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CONGREGATION OF TEMPLE SINAI, INC. 500 SWIFT STREET SOUTH BURLINGTON, VT 05403	03-6012816	501(C)(3)	10,678.	0.			GEN. SUPPORT
CONNECTICUT RIVER CONSERVANCY 15 BANK ROW GREENFIELD, MA 01301	04-2148397	501(C)(3)	8,300.	0.			GEN. SUPPORT
CONNECTICUT VALLEY FAIR, INC. PO BOX 818 BRADFORD, VT 05033	23-7168840	501(C)(3)	25,000.	0.			GEN. SUPPORT
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	21,000.	0.			GEN. SUPPORT
CORNWALL SCHOOL 112 SCHOOL ROAD CORNWALL, VT 05753	03-0293465	MUNICIPAL	14,075.	0.			GEN. SUPPORT
CORPORATE ACCOUNTABILITY 10 MILK STREET, SUITE 610 BOSTON, MA 02108	41-1322686	501(C)(3)	26,300.	0.			GEN. SUPPORT
COVER HOME REPAIR 158 SOUTH MAIN STREET WHITE RIVER JUNCTION, VT 05001	20-4597157	501(C)(3)	5,250.	0.			GEN. SUPPORT
CRAFT EMERGENCY RELIEF FUND 535 STONE CUTTERS WAY, STE 202 MONTPELIER, VT 05602	13-3273980	501(C)(3)	10,000.	0.			GEN. SUPPORT
DARTMOUTH-HITCHCOCK MEDICAL CENTER OFFICE OF DEVELOPMENT, ONE MEDICAL CENTER DRIVE, HB 7070 - LEBANON, NH 03756	22-2715483	501(C)(3)	5,250.	0.			GEN. SUPPORT

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DAVIDSON MIDDLE SCHOOL 280 WOODLAND AVENUE SAN RAFAEL, CA 94901	68-0194365	501(C)(3)	12,500.	0.			GEN. SUPPORT
DEBORAH RAWSON MEMORIAL LIBRARY 8 RIVER ROAD JERICHO, VT 05465-2001	56-2379058	501(C)(3)	23,426.	0.			GEN. SUPPORT
DISMAS OF VERMONT, INC. 103 EAST ALLEN STREET WINOOSKI, VT 05404	03-0369442	501(C)(3)	5,250.	0.			GEN. SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	37,800.	0.			GEN. SUPPORT
EAGLE ISLAND, INC. P.O. BOX 245 LIVINGSTON, NJ 07039	27-4548675	501(C)(3)	76,000.	0.			GEN. SUPPORT
EARTHWALK VERMONT P.O. BOX 21 PLAINFIELD, VT 05667	11-3744202	501(C)(3)	12,500.	0.			GEN. SUPPORT
ECHO LEAHY CENTER FOR LAKE CHAMPLAIN, INC. - 1 COLLEGE STREET - BURLINGTON, VT 05401	03-0347288	501(C)(3)	13,250.	0.			GEN. SUPPORT
EDEN PEOPLE INSPIRING COMMUNITY, INC. (EPIC) - P.O. BOX 157 - EDEN, VT 05652	61-1673126	501(C)(3)	6,000.	0.			GEN. SUPPORT
EDISON SCHOLARSHIP & MEMORIAL FUND 700 22ND AVE NE MINNEAPOLIS, MN 55412	41-6023937	501(C)(3)	11,000.	0.			GEN. SUPPORT

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EDMUNDS MIDDLE SCHOOL 299 MAIN STREET BURLINGTON, VT 05401	47-1351664	MUNICIPAL	14,000.	0.			GEN. SUPPORT
ELDERLY SERVICES, INC. 112 EXCHANGE STREET, P.O. BOX 581 MIDDLEBURY, VT 05753	03-0280968	501(C)(3)	50,850.	0.			GEN. SUPPORT
ENERGIZE VERMONT P.O. BOX 172 EAST BURKE, VT 05832	30-0626166	501(C)(3)	15,000.	0.			GEN. SUPPORT
ENERGY ACTION NETWORK 17 STATE ST, SUITE 205 MONTPELIER, VT 05602	45-5424161	501(C)(3)	25,000.	0.			GEN. SUPPORT
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	8,500.	0.			GEN. SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,750.	0.			GEN. SUPPORT
FAIRBANKS MUSEUM & PLANETARIUM 1302 MAIN STREET ST. JOHNSBURY, VT 05819	03-0184732	501(C)(3)	27,081.	0.			GEN. SUPPORT
FARMER VETERAN COALITION 4614 2ND STREET, SUITE 4 DAVIS, CA 95618	46-2362098	501(C)(3)	25,000.	0.			GEN. SUPPORT
FIRST NIGHT BURLINGTON, INC. P.O. BOX 3310 BURLINGTON, VT 05408	03-0287099	501(C)(3)	67,832.	0.			GEN. SUPPORT

Schedule I (Form 990)

**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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FIRST UNITARIAN UNIVERSALIST SOCIETY OF BURLINGTON - 152 PEARL STREET - BURLINGTON, VT 05401	03-6003834	RELIGIOUS	20,990.	0.			GEN. SUPPORT
FLYNN CENTER FOR THE PERFORMING ARTS - 153 MAIN STREET - BURLINGTON, VT 05401	03-0277052	501(C)(3)	195,859.	0.			GEN. SUPPORT
FOOD 4 FARMERS 523 ISHAM RD HINESBURG, VT 05461	27-2267267	501(C)(3)	11,000.	0.			GEN. SUPPORT
FOOD AND WATER WATCH 1616 P STREET NW #300 WASHINGTON, DC 20036	32-0160439	501(C)(3)	5,500.	0.			GEN. SUPPORT
FOOD CONNECTS 45 FARMHOUSE SQUARE BRATTLEBORO, VT 05301	46-2372533	501(C)(3)	10,250.	0.			GEN. SUPPORT
FORT TICONDEROGA ASSOCIATION, INC. 30 FORT TI ROAD, P.O. BOX 390 TICONDEROGA, NY 12883	14-1440924	501(C)(3)	10,107.	0.			GEN. SUPPORT
FRANKLIN COUNTY CARING COMMUNITIES, INC. - 27 CHURCH STREET, SUITE 2 - ST. ALBANS, VT 05478	75-3238572	501(C)(3)	10,500.	0.			GEN. SUPPORT
FRIENDS OF FLETCHER FREE LIBRARY 235 COLLEGE STREET BURLINGTON, VT 05401	31-1774892	MUNICIPAL	11,250.	0.			GEN. SUPPORT
FRIENDS OF HILAND HALL GARDENS P.O. BOX 21 NORTH BENNINGTON, VT 05257	27-4209541	501(C)(3)	6,000.	0.			GEN. SUPPORT

Schedule I (Form 990)

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FRIENDS OF NORTH BRANCH NATURE CENTER - 713 ELM STREET - MONTPELIER, VT 05602	76-0830759	501(C)(3)	23,750.	0.			GEN. SUPPORT
FRIENDS OF THE MAD RIVER 4061 MAIN STREET, P.O. BOX 255 WAITSFIELD, VT 05673	03-0348974	501(C)(3)	50,000.	0.			GEN. SUPPORT
FUND FOR NORTH BENNINGTON 23 MECHANIC STREET, P.O. BOX 803 NORTH BENNINGTON, VT 05257	03-0335309	501(C)(3)	30,432.	0.			GEN. SUPPORT
GENERATOR 40 SEARS LANE BURLINGTON, VT 05401	46-3848431	501(C)(3)	6,100.	0.			GEN. SUPPORT
GLOBAL CAMPUSES FOUNDATION 43 SOUTH MAIN STREET, SUITE 3 RANDOLPH, VT 05060	86-1028759	501(C)(3)	10,000.	0.			GEN. SUPPORT
GLOBALGIVING FOUNDATION 1110 VERMONT AVENUE NW, SUITE 550 WASHINGTON, DC 20005	30-0108263	501(C)(3)	23,000.	0.			GEN. SUPPORT
GODDARD COLLEGE CORPORATION 123 PITKIN ROAD PLAINFIELD, VT 05667	03-0179419	501(C)(3)	67,578.	0.			GEN. SUPPORT
GOOD NEIGHBOR HEALTH CLINIC 70 NORTH MAIN STEET WHITE RIVER JUNCTION, VT 05001	03-0346949	501(C)(3)	15,500.	0.			GEN. SUPPORT
GOODRICH MEMORIAL LIBRARY, INC. 202 MAIN STREET NEWPORT, VT 05855	03-0184028	501(C)(3)	35,083.	0.			GEN. SUPPORT

Schedule I (Form 990)



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GOVERNOR'S INSTITUTES OF VERMONT 20 WEST CANAL STREET, SUITE C5 WINOOSKI, VT 05404	03-0308967	501(C)(3)	36,200.	0.			GEN. SUPPORT
GRANITE UNITED WAY - UPPER VALLEY REGION - 1 COURT STREET, SUITE 370 - LEBANON, NH 03766	02-6006033	501(C)(3)	6,000.	0.			GEN. SUPPORT
GREATER BURLINGTON YMCA 266 COLLEGE STREET BURLINGTON, VT 05401	03-0185810	501(C)(3)	125,753.	0.			GEN. SUPPORT
GREEN MOUNTAIN CLUB 4711 WATERBURY-STOWE ROAD WATERBURY CENTER, VT 05677	03-0162865	501(C)(3)	5,499.	0.			GEN. SUPPORT
GREEN MOUNTAIN COLLEGE OFFICE OF COLLEGE ADVANCEMENT, ONE BRENNAN CIRCLE - POULTNEY, VT 05764	03-0179299	501(C)(3)	68,650.	0.			GEN. SUPPORT
GREEN MOUNTAIN FARM-TO-SCHOOL, INC. - 115 2ND STREET - NEWPORT, VT 05855-4468	41-2273707	501(C)(3)	31,000.	0.			GEN. SUPPORT
GREEN MOUNTAIN HABITAT FOR HUMANITY - 300 CORNERSTONE DRIVE, SUITE 335 - WILLISTON, VT 05495-4031	22-2558923	501(C)(3)	5,500.	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
GREENSBORO ASSOCIATION P.O. BOX 59 GREENSBORO, VT 05841	30-0796097	501(C)(3)	71,687.	0.			GEN. SUPPORT

Schedule I (Form 990)

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GROUNDWORKS COLLABORATIVE, INC. P.O. BOX 370 BRATTLEBORO, VT 05302-0370	03-0267404	501(C)(3)	33,387.	0.			GEN. SUPPORT
HARTFORD SCHOOLS 245 HIGHLAND AVENUE WHITE RIVER JUNCTION, VT 05001	03-6000504	MUNICIPAL	21,900.	0.			GEN. SUPPORT
HELEN DAY ART CENTER P.O. BOX 411 STOWE, VT 05672	03-0284825	501(C)(3)	5,567.	0.			GEN. SUPPORT
HELPING AND NURTURING DIVERSE SENIORS (HANDS) - 13 ST. LOUIS ST. - BURLINGTON, VT 05401	38-3804490	501(C)(3)	7,500.	0.			GEN. SUPPORT
HIGH HORSES THERAPEUTIC RIDING PROGRAM - P.O. BOX 278 - SHARON, VT 05065	02-0461109	501(C)(3)	8,859.	0.			GEN. SUPPORT
HINESBURG COMMUNITY RESOURCE CENTER - P.O. BOX 444 - HINESBURG, VT 05461	22-3051349	501(C)(3)	18,500.	0.			GEN. SUPPORT
HOMEFRONT, INC. 1880 PRINCETON AVENUE LAWRENCEVILLE, NJ 08648	22-3165145	501(C)(3)	9,000.	0.			GEN. SUPPORT
HOSPICE VOLUNTEER SERVICES 63 MAPLE STREET, P.O. BOX 772 MIDDLEBURY, VT 05753	03-0286587	501(C)(3)	19,374.	0.			GEN. SUPPORT
HOWARD CENTER 208 FLYNN AVENUE, SUITE 3J BURLINGTON, VT 05401	03-0179433	501(C)(3)	19,736.	0.			GEN. SUPPORT

Schedule I (Form 990)

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HUMAN RIGHTS WATCH 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118	13-2875808	501(C)(3)	10,500.	0.			GEN. SUPPORT
HUNGER FREE VERMONT 38 EASTWOOD DRIVE, SUITE 100 SOUTH BURLINGTON, VT 05403	03-0336357	501(C)(3)	102,956.	0.			GEN. SUPPORT
HYPERBARIC VERMONT, INC. 1808 BRIDGMAN HILL ROAD HARDWICK, VT 05843	30-0964512	501(C)(3)	10,000.	0.			GEN. SUPPORT
IN-SIGHT PHOTOGRAPHY PROJECT, INC. 45 FLAT STREET, SUITE 1 BRATTLEBORO, VT 05301	03-0338482	501(C)(3)	35,725.	0.			GEN. SUPPORT
INSTITUTE FOR SOCIAL ECOLOGY P.O. BOX 48 PLAINFIELD, VT 05667	03-0280149	501(C)(3)	7,500.	0.			GEN. SUPPORT
INSTITUTE FOR SUSTAINABLE COMMUNITIES - 535 STONE CUTTERS WAY - MONTPELIER, VT 05602	22-3098727	501(C)(3)	15,000.	0.			GEN. SUPPORT
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)(3)	12,050.	0.			GEN. SUPPORT
INTERVALE CENTER, INC. 180 INTERVALE ROAD BURLINGTON, VT 05401	03-0329656	501(C)(3)	9,049.	0.			GEN. SUPPORT
J. WARREN AND LOIS MCCLURE FOUNDATION, INC. - 3 COURT STREET - MIDDLEBURY, VT 05753	03-0345186	501(C)(3)	40,000.	0.			GEN. SUPPORT

Schedule I (Form 990)

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JEWISH COMMUNITY OF GREATER STOWE 1189 CAPE COD ROAD, P.O. BOX 253 STOWE, VT 05672	03-0351208	501(C)(3)	5,109.	0.			GEN. SUPPORT
JOHN W. GRAHAM EMERGENCY SHELTER 69 MAIN STREET VERGENNES, VT 05491	03-0275219	501(C)(3)	32,500.	0.			GEN. SUPPORT
JOHNS HOPKINS UNIVERSITY/THE SHERIDAN LIBRARIES - 3400 NORTH CHARLES STREET - BALTIMORE, MD 21218	52-0595110	501(C)(3)	52,548.	0.			GEN. SUPPORT
KIDS ON THE BALL 19 LINDENWOOD DRIVE SOUTH BURLINGTON, VT 05403	47-4303706	501(C)(3)	6,000.	0.			GEN. SUPPORT
KING STREET CENTER 87 KING STREET, P.O. BOX 1615 BURLINGTON, VT 05402-1615	23-7236312	501(C)(3)	32,200.	0.			GEN. SUPPORT
KINGDOM COUNTY PRODUCTIONS 949 SOMERS ROAD BARNET, VT 05821	03-0328686	501(C)(3)	9,750.	0.			GEN. SUPPORT
KINHAVEN MUSIC SCHOOL 6 ELBERTA ROAD MAPLEWOOD, NJ 07040	03-0214324	501(C)(3)	5,468.	0.			GEN. SUPPORT
KRIPALU CENTER FOR YOGA & HEALTH P.O. BOX 309 STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	10,000.	0.			GEN. SUPPORT
LAKE CHAMPLAIN CHAMBER MUSIC FESTIVAL - 20 WINOOSKI FALLS WAY, SUITE 7 - WINOOSKI, VT 05404	26-2757906	501(C)(3)	37,803.	0.			GEN. SUPPORT

Schedule I (Form 990)

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LAKE CHAMPLAIN COMMITTEE 208 FLYNN AVENUE, BUILDING 3, STUD BURLINGTON, VT 05401	22-2482466	501(C)(3)	13,035.	0.			GEN. SUPPORT
LAKE CHAMPLAIN MARITIME MUSEUM 4472 BASIN HARBOR ROAD VERGENNES, VT 05491	22-2570380	501(C)(3)	13,500.	0.			GEN. SUPPORT
LAKE CHAMPLAIN WALDORF SCHOOL 359 TURTLE LANE SHELBURNE, VT 05482	03-0296320	501(C)(3)	7,000.	0.			GEN. SUPPORT
LAKE PLACID LAND CONSERVANCY P.O. BOX 1250 LAKE PLACID, NY 12946	16-1452565	501(C)(3)	7,500.	0.			GEN. SUPPORT
LAMOILLE COUNTY PLANNING COMMISSION - P.O. BOX 1637 - MORRISVILLE, VT 05661	03-0215922	501(C)(3)	8,290.	0.			GEN. SUPPORT
LAMOILLE FAMILY CENTER, INC. 480 CADY'S FALLS ROAD MORRISVILLE, VT 05661	03-0277640	501(C)(3)	7,500.	0.			GEN. SUPPORT
LAMOILLE NORTH SUPERVISORY UNION 96 CRICKET HILL ROAD HYDE PARK, VT 05655	03-0218296	501(C)(3)	15,000.	0.			GEN. SUPPORT
LEBANON OPERA HOUSE IMPROVEMENT CORPORATION - 51 NORTH PARK STREET, P.O. BOX 384 - LEBANON, NH 03766	02-0448277	501(C)(3)	5,500.	0.			GEN. SUPPORT
LET'S GROW KIDS, INC. 3 COURT STREET MIDDLEBURY, VT 05753	31-1802348	501(C)(3)	526,750.	0.			GEN. SUPPORT

Schedule I (Form 990)

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LINCOLN LIBRARY, INC. 222 WEST RIVER ROAD LINCOLN, VT 05443	03-0301455	501(C)(3)	20,854.	0.			GEN. SUPPORT
LONG TRAIL SCHOOL 1045 KIRBY HOLLOW ROAD DORSET, VT 05251-9403	03-0253366	501(C)(3)	15,000.	0.			GEN. SUPPORT
LUND FAMILY CENTER 76 GLEN ROAD, P.O. BOX 4009 BURLINGTON, VT 05406-4009	03-0179434	501(C)(3)	68,959.	0.			GEN. SUPPORT
MACLURE LIBRARY P.O. BOX 60 PITTSFORD, VT 05763	03-0267846	501(C)(3)	18,419.	0.			GEN. SUPPORT
MAGICIANS WITHOUT BORDERS P.O BOX 3 BRISTOL, VT 05443	75-3144325	501(C)(3)	5,500.	0.			GEN. SUPPORT
MAKE A WISH FOUNDATION OF VERMONT 431 PINE STREET, SUITE 214 SHELBURNE, VT 05401	03-0323013	501(C)(3)	22,247.	0.			GEN. SUPPORT
MANCHESTER HISTORICAL SOCIETY P.O. BOX 363 MANCHESTER, VT 05254	03-6007649	501(C)(3)	8,750.	0.			GEN. SUPPORT
MAPLE CORNER COMMUNITY CENTER P.O. BOX 39 CALAIS, VT 05648	03-0297766	501(C)(3)	15,000.	0.			GEN. SUPPORT
MARION CROSS SCHOOL 22 CHURCH STREET NORWICH, VT 05055	03-6000610	MUNICIPAL	5,411.	0.			GEN. SUPPORT

Schedule I (Form 990)

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MARLBORO COLLEGE P.O. BOX A MARLBORO, VT 05344	03-0179593	501(C)(3)	10,000.	0.			GEN. SUPPORT
MARY JOHNSON CHILDREN'S CENTER, INC. - 81 WATER STREET - MIDDLEBURY, VT 05753	03-0224359	501(C)(3)	18,000.	0.			GEN. SUPPORT
ME2 ORCHESTRA 85 E. NEWTON STREET BOSTON, MA 02118	45-2684239	501(C)(3)	6,000.	0.			GEN. SUPPORT
MEALS ON WHEELS OF LAMOILLE COUNTY, INC. - 24 UPPER MAIN STREET, P.O. BOX 1427 - MORRISVILLE, VT 05661	22-3240238	501(C)(3)	10,000.	0.			GEN. SUPPORT
MEEDAN INC. 1355 MARKET STE. 488 SAN FRANCISCO, CA 94103	20-4504068	501(C)(3)	20,000.	0.			GEN. SUPPORT
MEMORIAL BAPTIST CHURCH 97 SOUTH PLEASANT STREET MIDDLEBURY, VT 05753	22-2520942	RELIGIOUS	25,100.	0.			GEN. SUPPORT
MERCK FOREST & FARMLAND CENTER, INC. - P.O. BOX 86 - RUPERT, VT 05768	03-0184959	501(C)(3)	139,965.	0.			GEN. SUPPORT
MERCY CONNECTIONS, INC. 255 SOUTH CHAMPLAIN STREET, SUITE BURLINGTON, VT 05401-4786	03-0369962	501(C)(3)	62,000.	0.			GEN. SUPPORT
MIDDLEBURY AREA LAND TRUST 211 MAPLE STREET, SUITE 27A, P.O. MIDDLEBURY, VT 05753	22-2835049	501(C)(3)	9,642.	0.			GEN. SUPPORT

Schedule I (Form 990)

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MIDDLEBURY COLLEGE GIFT ADMINISTRATION OFFICE, 700 EXCHANGE STREET - MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	10,050.	0.			GEN. SUPPORT
MIDDLEBURY STUDIO SCHOOL 2377 RT. 7 SOUTH MIDDLEBURY, VT 05753	26-4711953	501(C)(3)	12,000.	0.			GEN. SUPPORT
MIDDLEBURY TRANSITIONAL CARE COALITION - P.O. BOX 344 - EAST MIDDLEBURY, VT 05740	56-2531802	501(C)(3)	24,600.	0.			GEN. SUPPORT
MIGRANT JUSTICE 179 S. WINOOSKI AVENUE, UNIT #202 BURLINGTON, VT 05401	81-4176655	501(C)(3)	11,750.	0.			GEN. SUPPORT
MILL RIVER UNIFIED UNION SCHOOL DISTRICT - 64 GRANGE HALL ROAD - NORTH CLARENDON, VT 05759	81-2267789	501(C)(3)	14,163.	0.			GEN. SUPPORT
MILL RIVER UNION HIGH SCHOOL 2321 MIDDLE ROAD NORTH CLARENDON, VT 05759	23-7349055	501(C)(3)	6,000.	0.			GEN. SUPPORT
MOUNT INDEPENDENCE STATE HISTORIC SITE - C/O CHIMNEY POINT STATE HISTORIC SITE, 8149 VT ROUTE 17W - ADDISON, VT 05491	03-6000274	MUNICIPAL	6,000.	0.			GEN. SUPPORT
MUSIC-COMP 30 STEEPLEBUSH ROAD ESSEX JUNCTION, VT 05452	03-0364597	501(C)(3)	8,000.	0.			GEN. SUPPORT
NATIONAL AUDUBON SOCIETY 225 VARICK STREET, 7TH FL. NEW YORK, NY 10014	13-1624102	501(C)(3)	6,470.	0.			GEN. SUPPORT

Schedule I (Form 990)



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NATIONAL LIFE GROUP FOUNDATION ONE NATIONAL LIFE DRIVE MONTPELIER, VT 05604	20-4818866	501(C)(3)	15,000.	0.			GEN. SUPPORT
NEIGHBORHOOD CONNECTIONS 5700 VT ROUTE 100, P.O. BOX 207 LONDONDERRY, VT 05148	26-4547219	501(C)(3)	6,500.	0.			GEN. SUPPORT
NEIGHBORWORKS OF WESTERN VERMONT 110 MARBLE STREET WEST RUTLAND, VT 05777	03-0301526	501(C)(3)	7,500.	0.			GEN. SUPPORT
NEW ENGLAND GRASSROOTS ENVIRONMENT FUND - P.O. BOX 611 - NEWMARKET, NH 03857	03-0364677	501(C)(3)	25,000.	0.			GEN. SUPPORT
NEW PROFIT, INC. 200 CLARENDON STREET BOSTON, MA 20116	04-3396766	501(C)(3)	25,000.	0.			GEN. SUPPORT
NEWSTORY CENTER P.O. BOX 313 RUTLAND, VT 05702	03-0280469	501(C)(3)	37,664.	0.			GEN. SUPPORT
NIGHT FALL 45 CHURCH STREET HARTFORD, CT 06103	46-3282277	501(C)(3)	15,000.	0.			GEN. SUPPORT
NOKOTA HORSE CONSERVANCY 208 NW 1ST ST. LINTON, ND 58552	31-1672930	501(C)(3)	10,000.	0.			GEN. SUPPORT
NORMAN WILLIAMS PUBLIC LIBRARY 10 THE GREEN WOODSTOCK, VT 05091	03-0179304	501(C)(3)	7,500.	0.			GEN. SUPPORT

Schedule I (Form 990)

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NORTH BRANCH SCHOOL P.O. BOX 209 RIPTON, VT 05766	32-0013815	501(C)(3)	33,750.	0.			GEN. SUPPORT
NORTH HERO HISTORICAL SOCIETY P.O. BOX 175 NORTH HERO, VT 05474	05-0468580	501(C)(3)	29,605.	0.			GEN. SUPPORT
NORTHEAST KINGDOM COMMUNITY ACTION, INC. - P.O. BOX 346 - NEWPORT, VT 05855	03-0276709	501(C)(3)	12,750.	0.			GEN. SUPPORT
NORTHEAST KINGDOM YOUTH SERVICES 24 BAGLEY STREET ST. JOHNSBURY, VT 05819	03-0258845	501(C)(3)	42,809.	0.			GEN. SUPPORT
NORTHEAST ORGANIC FARMING ASSOCIATION OF VERMONT (NOFA-VT) - 14 PLEASANT STREET, P.O. BOX 697 - RICHMOND, VT 05477	22-3260420	501(C)(3)	75,261.	0.			GEN. SUPPORT
NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONTPELIER, VT 05602	01-0729039	501(C)(3)	10,000.	0.			GEN. SUPPORT
NORTHERN FOREST CENTER, INC. 18 NORTH MAIN STREET, P.O. BOX 210 CONCORD, NH 03302	22-3458955	501(C)(3)	11,250.	0.			GEN. SUPPORT
OPEN SPACE INSTITUTE 1350 BROADWAY SUITE 201 NEW YORK, NY 10018	52-1053406	501(C)(3)	10,000.	0.			GEN. SUPPORT
OPPORTUNITY EARLY CHILDHOOD EDUCATION AND FAMILY CENTER - 1713 QUAIL DRIVE - WEST PALM BEACH, FL 33409	59-0624429	501(C)(3)	225,000.	0.			GEN. SUPPORT

Schedule I (Form 990)

**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
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)	27,657.	0.			GEN. SUPPORT
OTTAUQUECHEE HEALTH FOUNDATION 30 PLEASANT STREET, P.O. BOX 784 WOODSTOCK, VT 05091	03-0197766	501(C)(3)	7,000.	0.			GEN. SUPPORT
OTTER CREEK CHILD CENTER, INC. 150 WEYBRIDGE STREET MIDDLEBURY, VT 05753	22-2564467	501(C)(3)	15,000.	0.			GEN. SUPPORT
OUTRIGHT VERMONT 241 NORTH WINOOSKI AVE, P.O. BOX 5 BURLINGTON, VT 05402	03-0323843	501(C)(3)	45,750.	0.			GEN. SUPPORT
PARAMOUNT CENTER, INC. 30 CENTER STREET RUTLAND, VT 05701	22-2528303	501(C)(3)	10,000.	0.			GEN. SUPPORT
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	19,050.	0.			GEN. SUPPORT
PATHWAYS VERMONT 125 COLLEGE STREET, 2ND FLOOR BURLINGTON, VT 05401	30-0604758	501(C)(3)	22,500.	0.			GEN. SUPPORT
PATRICIA A. HANNAFORD REGIONAL TECHNICAL SCHOOL DISTRICT - 51 CHARLES AVENUE - MIDDLEBURY, VT 05753	20-1189236	MUNICIPAL	15,000.	0.			GEN. SUPPORT
PAWLET SCHOLARSHIPS, INC. P.O. BOX 206 PAWLET, VT 05761	05-0632826	501(C)(3)	25,965.	0.			GEN. SUPPORT

Schedule I (Form 990)

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PEACE & JUSTICE CENTER 60 LAKE STREET, SUITE #1C BURLINGTON, VT 05401	03-0281472	501(C)(3)	22,500.	0.			GEN. SUPPORT
PEACHAM CONGREGATIONAL CHURCH P.O. BOX 205 PEACHAM, VT 05862	03-6009605	501(C)(3)	14,989.	0.			GEN. SUPPORT
PENLAND SCHOOL OF CRAFTS P.O. BOX 37 PENLAND, NC 28765	56-0623948	501(C)(3)	12,500.	0.			GEN. SUPPORT
PENTANGLE COUNCIL ON THE ARTS 31 THE GREEN WOODSTOCK, VT 05091	03-0237947	501(C)(3)	7,750.	0.			GEN. SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(3)	10,050.	0.			GEN. SUPPORT
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND - 784 HERCULES DRIVE, SUITE 110 - COLCHESTER, VT 05446	03-0222941	501(C)(3)	106,700.	0.			GEN. SUPPORT
POPULATION MEDIA CENTER 30 KIMBALL AVENUE, SUITE 302 SOUTH BURLINGTON, VT 05403	03-0358029	501(C)(3)	10,000.	0.			GEN. SUPPORT
POULTNEY HISTORICAL SOCIETY 1500 EAST MAIN STREET, P.O. BOX 60 POULTNEY, VT 05764	23-7044602	501(C)(3)	7,500.	0.			GEN. SUPPORT
PRESERVATION TRUST OF VERMONT 104 CHURCH STREET BURLINGTON, VT 05401-4449	03-0281195	501(C)(3)	564,004.	0.			GEN. SUPPORT

Schedule I (Form 990)

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PREVENT CHILD ABUSE VERMONT 203 COUNTRY CLUB ROAD, SUITE 102, P.O. BOX 829 - MONTPELIER, VT 05601	03-0267183	501(C)(3)	12,300.	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
PROPUBLICA 155 AVENUE OF THE AMERICAS, 13TH F NEW YORK, NY 10013	14-2007220	501(C)(3)	50,250.	0.			GEN. SUPPORT
PUBLIC ASSETS INSTITUTE P.O. BOX 942 MONTPELIER, VT 05601	16-1703662	501(C)(3)	31,000.	0.			GEN. SUPPORT
REGENERATION VERMONT 135 LONDON LANE HARDWICK, VT 05843	81-3488530	501(C)(3)	15,000.	0.			GEN. SUPPORT
RESOURCE: A NONPROFIT COMMUNITY ENTERPRISE - 329 HARVEST LANE, SUITE 200 - WILLISTON, VT 05495	03-0326293	501(C)(3)	95,750.	0.			GEN. SUPPORT
RICE MEMORIAL HIGH SCHOOL 99 PROCTOR AVENUE SOUTH BURLINGTON, VT 05403	03-0198567	501(C)(3)	6,500.	0.			GEN. SUPPORT
RIGHTS AND DEMOCRACY EDUCATION FUND - 70 SOUTH WINOOSKI AVENUE, SUITE 205 - BURLINGTON, VT 05401	47-5375511	501(C)(3)	15,250.	0.			GEN. SUPPORT
RIVER ARTS OF MORRISVILLE, INC. 74 PLEASANT STREET, P.O. BOX 829 MORRISVILLE, VT 05661	03-0368569	501(C)(3)	8,780.	0.			GEN. SUPPORT

Schedule I (Form 990)

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RIVER VALLEY TECHNICAL CENTER 307 SOUTH STREET SPRINGFIELD, VT 05156	56-2649139	501(C)(3)	15,000.	0.			GEN. SUPPORT
ROKEBY MUSEUM INC. 4334 ROUTE 7 FERRISBURGH, VT 05456	03-6011083	501(C)(3)	15,750.	0.			GEN. SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF BURLINGTON, VT - 16 SOUTH WINOOSKI AVENUE - BURLINGTON, VT 05401	03-0287584	501(C)(3)	10,000.	0.			GEN. SUPPORT
RURAL EDUCATION ACTION PROJECT 46 EAST STATE STREET MONPELIER, VT 05602	22-3045871	501(C)(3)	33,000.	0.			GEN. SUPPORT
RUTLAND CITY PUBLIC SCHOOLS 6 CHURCH STREET RUTLAND, VT 05701	30-0511861	MUNICIPAL	13,666.	0.			GEN. SUPPORT
RUTLAND COUNTY PARENT-CHILD CENTER 61 PLEASANT STREET RUTLAND, VT 05701	22-2589017	501(C)(3)	5,416.	0.			GEN. SUPPORT
RUTLAND REGIONAL MEDICAL CENTER, INC. - 160 ALLEN STREET - RUTLAND, VT 05701	03-0183483	501(C)(3)	15,799.	0.			GEN. SUPPORT
SAFER SOCIETY FOUNDATION, INC. P.O. BOX 340 BRANDON, VT 05733	03-0347466	501(C)(3)	5,500.	0.			GEN. SUPPORT
SAKONNET PRESERVATION ASSOCIATION P.O. BOX 945 LITTLE COMPTON, RI 02837	23-7225987	501(C)(3)	10,000.	0.			GEN. SUPPORT

Schedule I (Form 990)

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SALVATION FARMS P.O. BOX 1174 MORRISVILLE, VT 05661	45-2954564	501(C)(3)	30,250.	0.			GEN. SUPPORT
SAMARITAN HOUSE, INC. 24 KINGMAN STREET ST. ALBANS, VT 05478	03-0330331	501(C)(3)	7,000.	0.			GEN. SUPPORT
SARA HOLBROOK COMMUNITY CENTER 66 NORTH AVENUE BURLINGTON, VT 05401	03-0179595	501(C)(3)	33,750.	0.			GEN. SUPPORT
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	41,074.	0.			GEN. SUPPORT
SHELBURNE MUSEUM 6000 SHELBURNE ROAD, P.O. BOX 10 SHELBURNE, VT 05482	03-0179436	501(C)(3)	17,800.	0.			GEN. SUPPORT
SIDE PROJECT 2411 QUANTUM BLVD BOYNTON BEACH, FL 33426	46-0769403	501(C)(3)	52,000.	0.			GEN. SUPPORT
SOIL CARBON COALITION 501 SOUTH STREET ENTERPRISE, OR 97828	26-1692060	501(C)(3)	5,500.	0.			GEN. SUPPORT
SOUTH HERO LIBRARY FOUNDATION 75 SOUTH STREET SOUTH HERO, VT 05486	81-1209787	501(C)(3)	23,000.	0.			GEN. SUPPORT
SOUTHEASTERN VERMONT COMMUNITY ACTION (SEVCA) - 91 BUCK DRIVE - WESTMINSTER, VT 05158-9618	03-0216740	501(C)(3)	23,500.	0.			GEN. SUPPORT

Schedule I (Form 990)

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SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	17,750.	0.			GEN. SUPPORT
SOUTHERN VERMONT AREA HEALTH EDUCATION CENTER (AHEC) - 55 CLINTON STREET, SUITE 1 - SPRINGFIELD, VT 05156	03-0360193	501(C)(3)	6,400.	0.			GEN. SUPPORT
SOUTHERN WINDSOR COUNTY INCUBATOR 14 CLINTON STREET, SUITE 7 SPRINGFIELD, VT 05156	20-2386108	501(C)(3)	25,000.	0.			GEN. SUPPORT
SPECTRUM YOUTH AND FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	83,900.	0.			GEN. SUPPORT
SPRING LAKE RANCH 1169 SPRING LAKE ROAD CUTTINGSVILLE, VT 05738	03-0200366	501(C)(3)	143,534.	0.			GEN. SUPPORT
SPRINGFIELD FAMILY CENTER 365 SUMMER STREET SPRINGFIELD, VT 05156	03-0265213	501(C)(3)	6,500.	0.			GEN. SUPPORT
SPRINGFIELD SCHOOL DISTRICT 60 PARK STREET SPRINGFIELD, VT 05156	03-0277677	MUNICIPAL	25,000.	0.			GEN. SUPPORT
ST. JOHNSBURY ATHENAEUM 1171 MAIN STREET ST. JOHNSBURY, VT 05819	03-0183005	501(C)(3)	8,908.	0.			GEN. SUPPORT
ST. PAUL'S EPISCOPAL CHURCH P.O. BOX 726 WELLS, VT 05774	03-6006922	501(C)(3)	22,000.	0.			GEN. SUPPORT

Schedule I (Form 990)



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STAGECOACH TRANSPORTATION SERVICES INC. - P.O. BOX 356 - RANDOLPH, VT 05060	03-0276517	501(C)(3)	10,000.	0.			GEN. SUPPORT
STEPS TO END DOMESTIC VIOLENCE P.O. BOX 1535 BURLINGTON, VT 05402	03-0283657	501(C)(3)	20,500.	0.			GEN. SUPPORT
STERLING COLLEGE P.O. BOX 72 CRAFTSBURY COMMON, VT 05827	03-0197728	501(C)(3)	11,250.	0.			GEN. SUPPORT
STERN CENTER FOR LANGUAGE AND LEARNING - 183 TALCOTT RD, STE 101 - WILLISTON, VT 05495-2075	22-2485793	501(C)(3)	14,750.	0.			GEN. SUPPORT
SUNDOG POETRY CENTER, INC. 197 HIGGINS RUN JEFFERSONVILLE, VT 05464	46-5081957	501(C)(3)	7,500.	0.			GEN. SUPPORT
SUSTAINABLE WOODSTOCK P.O. BOX 611 WOODSTOCK, VT 05091	27-1178081	501(C)(3)	7,500.	0.			GEN. SUPPORT
SYNERGY LEARNING INTERNATIONAL 13 KIMBALL HILL, P.O. BOX206 PUTNEY, VT 05346	03-0340583	501(C)(3)	12,500.	0.			GEN. SUPPORT
TETON SCIENCE SCHOOL 700 COYOTE CANYON ROAD JACKSON, WY 83001-9953	83-0219163	501(C)(3)	165,000.	0.			GEN. SUPPORT
THE DREAM PROGRAM, INC. 87 ELM STREET, P.O. BOX 361 WINOOSKI, VT 05404	26-0030908	501(C)(3)	159,953.	0.			GEN. SUPPORT

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THE FUND FOR LAKE GEORGE P.O. BOX 352 LAKE GEORGE, NY 12845	22-2565313	501(C)(3)	20,000.	0.			GEN. SUPPORT
THE HIGH MEADOWS FUND, INC. 3 COURT STREET MIDDLEBURY, VT 05753	20-0288123	501(C)(3)	199,425.	0.			GEN. SUPPORT
THE INITIATIVE FOR LOCAL CAPITAL P.O. BOX 1135 JERICHO, VT 05465	82-2514581	501(C)(3)	40,000.	0.			GEN. SUPPORT
THE LAND TRUST ALLIANCE, INC. 1250 H STREET NW, SUITE 600 WASHINGTON, DC 20005	04-2751357	501(C)(3)	10,000.	0.			GEN. SUPPORT
THE MENTOR CONNECTOR 110 MERCHANTS ROW, P.O. BOX 1617 KILLINGTON, VT 05701	65-1290104	501(C)(3)	10,000.	0.			GEN. SUPPORT
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE, SUITE 10 ARLINGTON, VA 22203	53-0242652	501(C)(3)	44,329.	0.			GEN. SUPPORT
THE NEIGHBORHOOD ACADEMY 709 NORTH AIKEN AVENUE PITTSBURGH, PA 15206	25-1816609	501(C)(3)	10,000.	0.			GEN. SUPPORT
THE PENNSYLVANIA CENTER FOR EMPLOYEE OWNERSHIP - BOX 1131 - HAVERTOWN, PA 19083	81-1200869	501(C)(3)	100,000.	0.			GEN. SUPPORT
THE ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET, FIRST FLOOR BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	8,500.	0.			GEN. SUPPORT

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THE SPACE ON MAIN, INC. 174 MAIN STREET, P.O. BOX 512 BRADFORD, VT 05033	81-5147221	501(C)(3)	33,000.	0.			GEN. SUPPORT
THE TRUST FOR PUBLIC LAND NATIONAL OFFICE, GIFTS DEPARTMENT, 101 MONTGOMERY STREET, SUITE 900 - SAN FR	23-7222333	501(C)(3)	16,250.	0.			GEN. SUPPORT
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	25,000.	0.			GEN. SUPPORT
THE UNIVERSITY OF VERMONT FOUNDATION - GRASSE MOUNT BUILDING, 411 MAIN STREET - BURLINGTON, VT 05401	45-1556038	501(C)(3)	55,750.	0.			GEN. SUPPORT
THE UNIVERSITY OF VERMONT HEALTH NETWORK HOME HEALTH & HOSPICE, INC. - 1110 PRIM ROAD - COLCHESTER, VT 05446	03-0179603	501(C)(3)	22,000.	0.			GEN. SUPPORT
THE WILLIAMSTOWN ENDOWMENT FUND, INC. - P.O. BOX 315 - WILLIAMSTOWN, VT 05679	22-3032870	501(C)(3)	10,152.	0.			GEN. SUPPORT
THETFORD ACADEMY P.O. BOX 190 THETFORD, VT 05074	03-0183822	501(C)(3)	21,850.	0.			GEN. SUPPORT
TIBET HOUSE 22 WEST 15TH STREET NEW YORK, NY 10011	13-3438221	501(C)(3)	40,000.	0.			GEN. SUPPORT
TOWARD FREEDOM 300 MAPLE STREET BURLINGTON, VT 05401	36-2319388	501(C)(3)	7,500.	0.			GEN. SUPPORT

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TOWN HALL THEATER, INC. 68 SOUTH PLEASANT STREET, P.O. BOX MIDDLEBURY, VT 05753	03-0358794	501(C)(3)	78,000.	0.			GEN. SUPPORT
TOWN OF BRATTLEBORO 230 MAIN STREET, SUITE 208 BRATTLEBORO, VT 05301	03-6000393	MUNICIPAL	26,000.	0.			GEN. SUPPORT
TOWN OF PEACHAM P.O. BOX 244 PEACHAM, VT 05862	03-6000621	MUNICIPAL	6,204.	0.			GEN. SUPPORT
TOWN OF SHELBURNE/PIERSON LIBRARY P.O. BOX 88 SHELBURNE, VT 05482	03-6000683	MUNICIPAL	18,309.	0.			GEN. SUPPORT
TRUST FOR CONSERVATION INNOVATION 405 14TH STREET, SUITE 164 OAKLAND, CA 94612	91-2166435	501(C)(3)	10,000.	0.			GEN. SUPPORT
TWIN PINES HOUSING TRUST 226 HOLIDAY DRIVE, SUITE 20 WHITE RIVER JCT., VT 05001	22-2809527	501(C)(3)	7,000.	0.			GEN. SUPPORT
U.S. FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	7,550.	0.			GEN. SUPPORT
UC SANTA CRUZ FOUNDATION 1156 HIGH STREET SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	10,000.	0.			GEN. SUPPORT
UMBRELLA OF ST. JOHNSBURY, INC. 1216 RAILROAD ST., SUITE C ST. JOHNSBURY, VT 05819	03-0268884	501(C)(3)	25,750.	0.			GEN. SUPPORT

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UNION CHURCH OF PROCTOR 5 CHURCH STREET PROCTOR, VT 05765	03-6009103	RELIGIOUS	9,564.	0.			GEN. SUPPORT
UNITED CHRISTIAN ACADEMY 65 SCHOOL STREET NEWPORT, VT 05855	03-0345986	501(C)(3)	23,158.	0.			GEN. SUPPORT
UNITED WAY OF ADDISON COUNTY 48 COURT STREET, P.O. BOX 555 MIDDLEBURY, VT 05753	03-0221018	501(C)(3)	59,242.	0.			GEN. SUPPORT
UNITED WAY OF LAMOILLE COUNTY 20 MORRISVILLE PLAZA, SUITE B, TD BANK BUILDING - MORRISVILLE, VT 05661	22-2774485	501(C)(3)	10,750.	0.			GEN. SUPPORT
UNITED WAY OF NORTHWEST VERMONT, INC. - 412 FARRELL STREET, SUITE 200 - SOUTH BURLINGTON, VT 05403	03-0217229	501(C)(3)	37,773.	0.			GEN. SUPPORT
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC. - OFFICE OF GIFT ADMINISTRATION, 620 WEST LEXINGTON STREET, 2ND FLOOR - BALTIMORE, MD	31-1678679	501(C)(3)	15,676.	0.			GEN. SUPPORT
UNIVERSITY OF VERMONT 340 WATERMAN BUILDING, 85 SOUTH PROSPECT STREET - BURLINGTON, VT 05405-0160	03-0179440	501(C)(3)	25,000.	0.			GEN. SUPPORT
UP FOR LEARNING 155 ELM STREET, SUITE 1 MONTPELIER, VT 05602	47-2894356	501(C)(3)	5,500.	0.			GEN. SUPPORT
UPPER SARANAC LAKE FOUNDATION P.O. BOX 564 SARANAC LAKE, NY 12983	22-3041892	501(C)(3)	11,000.	0.			GEN. SUPPORT

Schedule I (Form 990)

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UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001	03-0277908	501(C)(3)	19,800.	0.			GEN. SUPPORT
UPPER VALLEY LAND TRUST 19 BUCK ROAD HANOVER, NH 03755	02-0387997	501(C)(3)	80,850.	0.			GEN. SUPPORT
USA FOR UNHCR 1775 K STREET, NW SUITE 580 WASHINGTON, DC 20006	52-1662800	501(C)(3)	7,500.	0.			GEN. SUPPORT
UVM MEDICAL CENTER 363 UVM, COURTFWARD AT GIVEN NORTH, 3RD FLOOR, 111 COLCHESTER AVENUE - BURLIN	03-0219309	501(C)(3)	35,459.	0.			GEN. SUPPORT
VERGENNES UNION HIGH SCHOOL 50 MONKTON ROAD VERGENNES, VT 05491	03-6003833	MUNICIPAL	12,850.	0.			GEN. SUPPORT
VERMONT ACHIEVEMENT CENTER, INC. 88 PARK STREET RUTLAND, VT 05701	03-0179407	501(C)(3)	7,500.	0.			GEN. SUPPORT
VERMONT AFTERSCHOOL, INC. 123 ETHAN ALLEN AVE., DUPONT HALL COLCHESTER, VT 05446	32-0399970	501(C)(3)	185,000.	0.			GEN. SUPPORT
VERMONT ARTS COUNCIL 136 STATE STREET MONTPELIER, VT 05633	03-0218115	501(C)(3)	28,372.	0.			GEN. SUPPORT
VERMONT ARTS EXCHANGE P.O. BOX 725 N. BENNINGTON, VT 05257	03-0343015	501(C)(3)	19,000.	0.			GEN. SUPPORT

Schedule I (Form 990)

**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 ASSOC. FOR THE BLIND & VISUALLY IMPAIRED (VABVI) - 60 KIMBALL AVENUE - SO. BURLINGTON, VT 05403	03-6000834	501(C)(3)	10,400.	0.			GEN. SUPPORT
VERMONT ASSOCIATION FOR MENTAL HEALTH & ADDICTION RECOVERY - 100 STATE STREET, SUITE 352 - MONTPELIER, VT 05602	03-0226306	501(C)(3)	10,250.	0.			GEN. SUPPORT
VERMONT CENTER FOR ECOSTUDIES 20 PALMER COURT, 2ND FLOOR, P.O. B NORWICH, VT 05055	51-0639429	501(C)(3)	9,750.	0.			GEN. SUPPORT
VERMONT COMMONS SCHOOL 75 GREEN MOUNTAIN DRIVE SOUTH BURLINGTON, VT 05403	04-3371660	501(C)(3)	6,500.	0.			GEN. SUPPORT
VERMONT COMMUNITY GARDEN NETWORK, INC. - 12 NORTH STREET, SUITE 5 - BURLINGTON, VT 05401	31-1783597	501(C)(3)	22,500.	0.			GEN. SUPPORT
VERMONT COMMUNITY LOAN FUND 15 STATE STREET, SUITE 101, P.O. B MONTPELIER, VT 05601	22-2864900	501(C)(3)	11,000.	0.			GEN. SUPPORT
VERMONT CONTEMPORARY MUSIC ENSEMBLE - 68 WILKINS ROAD, P.O. BOX 67 - FAIRFAX, VT 05454-0067	22-2965024	501(C)(3)	6,000.	0.			GEN. SUPPORT
VERMONT COUNCIL ON RURAL DEVELOPMENT - 43 STATE STREET, SUITES 2 & 3, P.O. BOX 1384 - MONTPELIER, VT 05601-1384	03-0354510	501(C)(3)	135,750.	0.			GEN. SUPPORT
VERMONT COUNCIL ON WORLD AFFAIRS 60 MAIN STREET, #100 BURLINGTON, VT 05401	03-6010787	501(C)(3)	10,000.	0.			GEN. SUPPORT

Schedule I (Form 990)

**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 COVERTS: WOODLANDS FOR WILDLIFE - P.O. BOX 328 - VERGENNES, VT 05491-0328	03-0332447	501(C)(3)	19,903.	0.			GEN. SUPPORT
VERMONT FAMILY FORESTS FOUNDATION, INC. - 14 SCHOOL STREET, P.O. BOX 254 - BRISTOL, VT 05443	20-3294728	501(C)(3)	362,238.	0.			GEN. SUPPORT
VERMONT FARMERS FOOD CENTER 251 WEST ST, RUTLAND, VT, P.O. BOX RUTLAND, VT 05701	45-5293058	501(C)(3)	7,500.	0.			GEN. SUPPORT
VERMONT FOLKLIFE CENTER 88 MAIN STREET MIDDLEBURY, VT 05753-1453	22-2550951	501(C)(3)	16,375.	0.			GEN. SUPPORT
VERMONT FOODBANK, INC. 33 PARKER ROAD, WILSON INDUSTRIAL BARRE, VT 05641	22-3021942	501(C)(3)	98,150.	0.			GEN. SUPPORT
VERMONT HISTORICAL SOCIETY 60 WASHINGTON STREET BARRE, VT 05641	03-0179602	501(C)(3)	10,000.	0.			GEN. SUPPORT
VERMONT HUMANITIES COUNCIL 11 LOOMIS STREET MONTPELIER, VT 05602	51-0187809	501(C)(3)	146,829.	0.			GEN. SUPPORT
VERMONT INSTITUTE OF NATURAL SCIENCE (VINS) - 149 NATURES WAY, P.O. BOX 1281 - QUECHEE, VT 05059	03-0231665	501(C)(3)	15,574.	0.			GEN. SUPPORT
VERMONT JOURNALISM TRUST 26 STATE STREET, SUITE 8 MONTPELIER, VT 05602	27-1553931	501(C)(3)	52,000.	0.			GEN. SUPPORT

Schedule I (Form 990)



**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 LAND TRUST 8 BAILEY AVENUE MONTPELIER, VT 05602	03-0264836	501(C)(3)	1,414,112.	0.			GEN. SUPPORT
VERMONT LAW SCHOOL 164 CHELSEA STREET, P.O. BOX 96 SOUTH ROYALTON, VT 05068	23-7251952	501(C)(3)	10,500.	0.			GEN. SUPPORT
VERMONT LONG-TERM DISASTER RECOVERY GROUP, INC. - P.O. BOX 843 - MONTPELIER, VT 05601	45-3660551	501(C)(3)	85,000.	0.			GEN. SUPPORT
VERMONT NATURAL RESOURCES COUNCIL 9 BAILEY AVENUE MONTPELIER, VT 05602	03-0223731	501(C)(3)	25,500.	0.			GEN. SUPPORT
VERMONT PBS 204 ETHAN ALLEN AVENUE COLCHESTER, VT 05446	22-2990644	501(C)(3)	21,435.	0.			GEN. SUPPORT
VERMONT PRINCIPALS' ASSOCIATION, INC. - 2 PROSPECT STREET, SUITE 3 - MONTPELIER, VT 05602	03-6006002	501(C)(3)	10,000.	0.			GEN. SUPPORT
VERMONT PUBLIC INTEREST RESEARCH & EDUCATION (VPIREF) - 141 MAIN STREET, SUITE 6 - MONTPELIER, VT 05602	51-0163801	501(C)(3)	9,500.	0.			GEN. SUPPORT
VERMONT PUBLIC LIBRARY FOUNDATION 109 STATE STREET MONTPELIER, VT 05609	03-0366848	501(C)(3)	13,277.	0.			GEN. SUPPORT
VERMONT PUBLIC RADIO 365 TROY AVENUE COLCHESTER, VT 05446	03-0259051	501(C)(3)	81,431.	0.			GEN. SUPPORT

Schedule I (Form 990)

**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 RECOVERY NETWORK P.O. BOX 244 MONTPELIER, VT 05601	32-0251343	501(C)(3)	10,000.	0.			GEN. SUPPORT
VERMONT RIVER CONSERVANCY, INC. 29 MAIN STREET, SUITE 11 MONTPELIER, VT 05602	03-0347147	501(C)(3)	29,918.	0.			GEN. SUPPORT
VERMONT SCHOLARSHIP FUND VERMONT STUDENT ASSISTANCE CORPORATION, P.O. BOX 2000 - WINOOSKI, VT 05404-2	03-0367034	501(C)(3)	30,250.	0.			GEN. SUPPORT
VERMONT STAGE COMPANY 110 MAIN STREET BURLINGTON, VT 05401	03-0342411	501(C)(3)	10,250.	0.			GEN. SUPPORT
VERMONT STATE 4-H FOUNDATION, INC. 86 SUMMER STREET, SUITE 1 BARRE, VT 05641	03-6010151	501(C)(3)	7,152.	0.			GEN. SUPPORT
VERMONT STATE COLLEGES P.O. BOX 7 MONTPELIER, VT 05601	03-0213787	501(C)(3)	82,850.	0.			GEN. SUPPORT
VERMONT STUDIO CENTER 80 PEARL STREET JOHNSON, VT 05656	22-2478074	501(C)(3)	18,659.	0.			GEN. SUPPORT
VERMONT SUSTAINABLE JOBS FUND 3 PITKIN COURT, SUITE 301E MONTPELIER, VT 05602	03-0349736	501(C)(3)	41,000.	0.			GEN. SUPPORT
VERMONT SYMPHONY ORCHESTRA INC. 2 CHURCH STREET, SUITE 3B BURLINGTON, VT 05401	03-0222134	501(C)(3)	21,659.	0.			GEN. SUPPORT

Schedule I (Form 990)

**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 WORKERS CENTER 294 NORTH WINOOSKI AVE. BURLINGTON, VT 05401	20-0163176	501(C)(3)	11,500.	0.			GEN. SUPPORT
VERMONT WORKS FOR WOMEN, INC. 32A MALLETT'S BAY AVENUE WINOOSKI, VT 05404	22-2894557	501(C)(3)	211,955.	0.			GEN. SUPPORT
VERMONT YOUTH CONSERVATION CORPS (VYCC) - 1949 EAST MAIN STREET - RICHMOND, VT 05477	03-0328834	501(C)(3)	53,449.	0.			GEN. SUPPORT
VERMONT YOUTH ORCHESTRA ASSOCIATION, INC. - ELLEY-LONG MUSIC CENTER, 223 ETHAN ALLEN AVENUE - COLCHESTER, VT 05446	03-6011271	501(C)(3)	20,545.	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
VISITING NURSE ASSOCIATION AND HOSPICE OF VT AND NH - P.O. BOX 881 - BRATTLEBORO, VT 05302	03-6006494	501(C)(3)	8,500.	0.			GEN. SUPPORT
VITAL COMMUNITIES 195 NORTH MAIN STREET WHITE RIVER JUNCTION, VT 05001	03-0355283	501(C)(3)	22,500.	0.			GEN. SUPPORT
VSA VERMONT 21 CARMICHAEL STREET, STE.206 ESSEX JUNCTION, VT 05452	03-0307529	501(C)(3)	52,500.	0.			GEN. SUPPORT
WEST CENTRAL SERVICES, INC. C/O WEST CENTRAL BEHAVIORAL HEALTH, 9 HANOVER STREET, SUITE 2 - LEBANON, NH	22-2645978	501(C)(3)	10,000.	0.			GEN. SUPPORT

Schedule I (Form 990)

**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
WESTON PLAYHOUSE THEATRE COMPANY 703 MAIN STREET WESTON, VT 05161	22-2970343	501(C)(3)	118,000.	0.			GEN. SUPPORT
WINDHAM FOUNDATION, INC. P.O. BOX 70 GRAFTON, VT 05146	13-6142024	501(C)(3)	340,000.	0.			GEN. SUPPORT
WINDHAM REGIONAL CAREER CENTER 80 ATWOOD ST BRATTLEBORO, VT 05301	03-6003502	501(C)(3)	60,000.	0.			GEN. SUPPORT
WINDMILL HILL PINNACLE ASSOCIATION P.O. BOX 584 SAXTONS RIVER, VT 05154	03-0334367	501(C)(3)	114,623.	0.			GEN. SUPPORT
WINSTON L. PROUTY CENTER FOR CHILD DEVELOPMENT - 209 AUSTINE DRIVE, VERMONT HALL - BRATTLEBORO, VT 05301	03-0229781	501(C)(3)	61,298.	0.			GEN. SUPPORT
WOMEN'S INFORMATION SERVICE (WISE) 38 BANK STREET LEBANON, NH 03788-1092	02-0346512	501(C)(3)	9,000.	0.			GEN. SUPPORT
WOMENSAFE, INC. P.O. BOX 67 MIDDLEBURY, VT 05753	22-2921518	501(C)(3)	20,608.	0.			GEN. SUPPORT
WONDER & WISDOM, INC. DBA WONDERARTS VERMONT - P.O. BOX 300 - GREENSBORO, VT 05841	05-0501353	501(C)(3)	11,000.	0.			GEN. SUPPORT
WOODSTOCK AREA COUNCIL ON AGING (D.B.A THE THOMPSON SENIOR CENTER) - 99 SENIOR LANE - WOODSTOCK, VT 05091	03-0295419	501(C)(3)	10,500.	0.			GEN. SUPPORT

Schedule I (Form 990)

**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
YOUTH SERVICES, INC. 32 WALNUT STREET, P.O. BOX 6008 BRATTLEBORO, VT 05302-6008	03-0287694	501(C)(3)	6,216.	0.			GEN. SUPPORT

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS	45	81,568.	0.	FMV	
ART AWARDS	12	22,848.	0.	FMV	
COMMUNITY LEADERSHIP	1	15,000.	0.	FMV	

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

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

**Part IV Supplemental Information**

A REPORT TO THE FOUNDATION UPON PROGRAM COMPLETION OR WITHIN ONE YEAR OF

GRANT AWARD.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE VERMONT COMMUNITY FOUNDATION

Employer identification number

22-2712160

**Part I Questions Regarding Compensation**

**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.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part 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 contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018



**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAN SMITH PRESIDENT & CEO	(i)	182,960.	0.	0.	8,999.	30,783.	222,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FELIPE RIVERA CHIEF OF STAFF & VP FOR ST	(i)	130,421.	0.	0.	4,150.	28,837.	163,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBRA DABROWSKI ROONEY CFO AND VP FOR FINANCE & O	(i)	132,149.	0.	0.	4,108.	25,826.	162,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **THE VERMONT COMMUNITY FOUNDATION** Employer identification number **22-2712160**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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	67	8,629,927	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, 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 - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
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 **29** 0

	Yes	No
30a 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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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, describe in Part II.		

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

Schedule M (Form 990) 2018

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE VERMONT COMMUNITY FOUNDATION USES MORGAN STANLEY AND CHARLES SCHWAB

BROKERAGE SERVICES TO RECEIVE AND PROCESS NON-CASH CONTRIBUTIONS.

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization <b>THE VERMONT COMMUNITY FOUNDATION</b>	Employer identification number <b>22-2712160</b>
---------------------------------------------------------------------	-----------------------------------------------------

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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NO MATTER HOW HARD THEY WORK. THE FOUNDATION IS ALIGNING ITS TIME,  
ENERGY, AND DISCRETIONARY RESOURCES ON EFFORTS THAT PROVIDE ACCESS TO  
EARLY CARE AND LEARNING, PATHWAYS TO COLLEGE AND CAREER TRAINING,  
SUPPORT FOR YOUTH AND FAMILIES, AND COMMUNITY AND ECONOMIC VITALITY.

THE FOUNDATION ENVISIONS VERMONT AT ITS BEST-WHERE EVERYONE HAS THE  
OPPORTUNITY TO BUILD A BRIGHT, SECURE FUTURE.

FORM 990, PART VI, SECTION A, LINE 4:

THE FOUNDATION UPDATED ITS BYLAWS ON SEPTEMBER 13, 2018. THE SUBSTANTIVE  
CHANGES INCLUDED CLARIFYING THE ROLES AND RESPONSIBILITIES OF THE CHAIR OF  
THE BOARD AND THE VICE CHAIR OF THE BOARD. ALSO, THE CHANGES UPDATED THE  
COMMITTEE STRUCTURE, COMPOSTION, AND RESPONSIBILITIES OF THE (I) "EXECUTIVE  
COMMITTEE," (II) THE "FINANCE, RISK, AND AUDIT COMMITTEE," AND (III) THE  
"GOVERNANCE AND STRATEGY COMMITTEE." THE BOARD IS ALSO EMPOWERED THROUGH  
THE CHANGES TO ESTABLISHED ADVISORY COMMITTEES AND TASK FORCES TO PROVIDE  
NON-BINDING RECOMMENDATIONS TO THE BOARD, THE EXECUTIVE COMMITTEE OF THE  
BOARD, OR TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE NEW COMMITTEE  
STRUCTURE ALSO ESTABLISHES AN "INVESTMENTS ADVISORY COMMITTEE" TO PROVIDE  
NON-BINDING RECOMMENDATIONS TO THE BOARD REGARDING THE INVESTMENT POLICY OF

THE CORPORATION. FINALLY, THE CHANGES CLARIFIED THAT THE NOMINATING

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization THE VERMONT COMMUNITY FOUNDATION	Employer identification number 22-2712160
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COMMITTEE IS A NON-BOARD COMMITTEE EVEN THOUGH UP TO FOUR DIRECTORS MAY  
SERVE ON THE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 6:

THE FOUNDATION HAS AT LEAST 25, BUT NOT MORE THAN 200 MEMBERS. THE  
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 FINANCE, AUDIT AND RISK (FAR) COMMITTEE, COMPRISED OF MEMBERS OF THE  
BOARD OF DIRECTORS OF THE FOUNDATION, RECEIVE AND REVIEW A COPY OF THE FORM  
990. THE FAR COMMITTEE DISCUSSES THE FORM 990 WITH FINANCE STAFF PRIOR TO  
ITS FILING. IN 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:

THE FOUNDATION HAS ESTABLISHED A CONFLICT OF INTEREST POLICY AND A  
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

Name of the organization THE VERMONT COMMUNITY FOUNDATION	Employer identification number 22-2712160
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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 CONTENT AND RESPONSIBILITIES. PERFORMANCE REVIEWS ARE PERFORMED BY THE CEO ON AN ANNUAL BASIS FOR SENIOR MANAGEMENT.

Name of the organization THE VERMONT COMMUNITY FOUNDATION	Employer identification number 22-2712160
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FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION POSTS ITS AUDITED FINANCIAL STATEMENTS, IRS 501(C)(3) DETERMINATION LETTER, CONFLICT OF INTEREST POLICY AND FORM 990 ON ITS WEBSITE AT WWW.VERMONTCF.ORG. THE FOUNDATION PROVIDES ITS ARTICLES OF INCORPORATION, BYLAWS, AND FORM 1023 UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACTUARIAL CHANGE	-364,580.
REFUNDED PRIOR YEAR GRANTS	17,112.
TOTAL TO FORM 990, PART XI, LINE 9	-347,468.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Name of the organization <p style="text-align:center;">THE VERMONT COMMUNITY FOUNDATION</p>	Employer identification number <p style="text-align:center;">22-2712160</p>
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**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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE HIGH MEADOWS FUND, INC. - 20-0288123 3 COURT STREET MIDDLEBURY, VT 05753	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VERMONT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	X	
J. WARREN AND LOIS MCCLURE FOUNDATION, INC. - 03-0345186, 3 COURT STREET, MIDDLEBURY, VT 05753	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VERMONT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	X	
LET'S GROW KIDS, INC. - 31-1802348 3 COURT STREET MIDDLEBURY, VT 05753	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VERMONT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	X	
ADDISON COMMUNITY ATHLETICS FOUNDATION, INC. - 46-1164975, 3 COURT STREET, MIDDLEBURY, VT 05753	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VERMONT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2018

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THE CURTIS FUND, INC. - 03-6009912 3 COURT STREET MIDDLEBURY, VT 05753	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VERMONT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	X	

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER UNITRUSTS (6)	SPLIT INTEREST AGREEMENTS	VT	N/A	TRUST					X
CHARITABLE REMAINDER ANNUITY TRUST (1)	SPLIT INTEREST AGREEMENTS	VT	N/A	TRUST					X

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LET'S GROW KIDS, INC.	L	234,998.	FMV
(2) HIGH MEADOWS FUND, INC.	L	103,400.	FMV
(3) J. WARREN AND LOIS MCCLURE FOUNDATION, INC.	L	109,705.	FMV
(4) LET'S GROW KIDS, INC.	B	526,750.	FMV
(5) ADDISON COMMUNITY ATHLETICS FOUNDATION, INC	L	25,000.	FMV
(6) ADDISON COMMUNITY ATHLETICS FOUNDATION, INC	B	236,328.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) HIGH MEADOWS FUND, INC.	B	199,425.	FMV
(8) CURTIS FUND, INC.	L	25,399.	FMV
(9) CURTIS FUND, INC.	B	5,000.	FMV
(10) J. WARREN AND LOIS MCCLURE FOUNDATION, INC.	B	40,000.	FMV
(11)			
(12)			
(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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.