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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE VERMONT COMMUNITY FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3 COURT STREET

City or town, state or province, country, and ZIP or foreign postal code

MIDDLEBURY, VT 05753

D Employer identification number

22-2712160

E Telephone number

(802) 388-3355

G Gross receipts \$ 91,138,413

F Name and address of principal officer

DAN SMITH

3 COURT STREET

MIDDLEBURY, VT 05753

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.VERMONTCF.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile VT

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶803,150

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

Sign Here

Signature of officer

DEBRA DABROWSKI ROONEY V P FOR FINANCE & CFO

2019-11-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2019-11-13

Check ☐ if self-employed

PTIN P00046310

Firm's name ▶ BLUM SHAPIRO & COMPANY PC CPA'S

Firm's EIN ▶ 06-1009205

Firm's address ▶ 29 S MAIN STREET PO BOX 272000

Phone no (860) 561-4000

WEST HARTFORD, CT 061272000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE VERMONT COMMUNITY FOUNDATION HELPS TO BUILD PHILANTHROPIC RESOURCES TO SUSTAIN HEALTHY AND VITAL VERMONT COMMUNITIES THE FOUNDATION CONNECTS AND MOBILIZES PEOPLE THROUGH GIVING TO MULTIPLY THE IMPACT OF PHILANTHROPY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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

<b>4a</b>	(Code ) (Expenses \$ 15,585,050 including grants of \$ 14,629,886 ) (Revenue \$ 11,200 )
	See Additional Data

<b>4b</b>	(Code ) (Expenses \$ 1,007,503 including grants of \$ 1,007,503 ) (Revenue \$ 498,502 )
	See Additional Data

<b>4c</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b> ▶ 16,592,553
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b> Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b>	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**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 ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	31			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>	Yes	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>						
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		No
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		No
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		No
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI****Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 12		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b> Yes	
<b>b</b> 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?	<b>10b</b> Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	VT
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records DEBRA DABROWSKI ROONEY 3 COURT STREET MIDDLEBURY, VT 05753 (802) 368-3355	

**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, or 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 dotted 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 dotted 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> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<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> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .		No

**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, CA 94105	INVESTMENT MANAGER	175,123
FOCUSED INVESTORS FUND LP 1999 AVENUE OF THE STARS LOS ANGELES, CA 90067	INVESTMENT MANAGER	129,037
SANDERSON ASSET MANAGEMENT INC 250 SOUTH WACKER DRIVE SUITE 220 CHICAGO, IL 60606	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**



Form 990 (2018)

Page 9

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c	130,050			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,987,454			
	g	Noncash contributions included in lines 1a - 1f \$	8,629,927				
	h	Total. Add lines 1a-1f . . . . .	21,117,504				
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEES	561000	498,502	498,502		
	b	DUES	561000	11,200	11,200		
	c						
	d						
	e						
	f	All other program service revenue					
	9	Total. Add lines 2a-2f . . . . .	509,702				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	3,508,416		52,010	3,456,406
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties . . . . .				
	6a		Gross rents	(i) Real	(ii) Personal		
	b		Less rental expenses				
	c		Rental income or (loss)				
	d		Net rental income or (loss) . . . . .				
	7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b		Less cost or other basis and sales expenses				
	c		Gain or (loss)				
	d		Net gain or (loss) . . . . .	8,415,926		99,862	8,316,064
	8a		Gross income from fundraising events (not including \$ 130,050 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	46,360		
	b		Less direct expenses . . . . .	b	57,859		
	c		Net income or (loss) from fundraising events . . . . .		-11,499		-11,499
	9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b		Less direct expenses . . . . .	b			
	c		Net income or (loss) from gaming activities . . . . .				
	10a		Gross sales of inventory, less returns and allowances . . . . .	a			
	b		Less cost of goods sold . . . . .	b			
	c		Net income or (loss) from sales of inventory . . . . .				
11a		Miscellaneous Revenue	Business Code				
b							
c							
d		All other revenue . . . . .					
e		Total. Add lines 11a-11d . . . . .					
12		Total revenue. See Instructions . . . . .		33,540,049	509,702	151,872	11,760,971

Form 990 (2018)

**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(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, line 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 Schedule 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 DEVELOPMENT	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 IX ☐

				(A) Beginning of year		(B) 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 instructions). Complete Part II of Schedule 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</b>	<b>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</b>	<b>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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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>	<b>Total net assets or fund balances</b> . . . . .		254,001,592	<b>33</b>	243,057,986		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		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		No
<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	Yes	
<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	Yes	
<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?		No
<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		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 22-2712160  
**Name:** THE VERMONT COMMUNITY FOUNDATION

Form 990 (2018)

**Form 990, Part III, Line 4a:**

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, 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 III, Line 4b:**

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

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SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

**Part II**

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**  
(Complete only if you checked the box on line 5, 7, 8, or 9 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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	12,818,456	33,760,478	28,597,241	15,421,954	21,117,504	111,715,633
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>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
5	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
6	<b>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
7	Amounts from line 4	12,818,456	33,760,478	28,597,241	15,421,954	21,117,504	111,715,633
8	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
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						125,318,972
12	Gross receipts from related activities, etc. (see instructions)					12	2,187,933
13	<b>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"/>

<b>Section C. Computation of Public Support Percentage</b>		
<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 69.090 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b> 68.700 %
<b>16a</b>	<b>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</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</b>	<b>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</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</b>	<b>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 <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> 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 on line 12 of 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<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>3a</b>	
<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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<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>4a</b>	
<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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<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 <b>Part VI</b> 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>4c</b>	
<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 <b>Part VI</b>, 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>5a</b>	
<b>b</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>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<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>8</b>	
<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 <b>Part VI</b>.</i>	<b>9a</b>	
<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 <b>Part VI</b>.</i>	<b>9b</b>	
<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 <b>Part VI</b>.</i>	<b>9c</b>	
<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 line 10b below.</i>	<b>10a</b>	
<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>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<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)	1	
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 Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<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	<div><input type="checkbox"/></div> 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 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
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 22-2712160  
Name: THE VERMONT COMMUNITY FOUNDATION

**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)

Facts And Circumstances Test

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶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**

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

**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**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-
1				
2				
3				
4				
5				
6				

**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**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

0

11,315

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

0

27,128

**c** Total lobbying expenditures (add lines 1a and 1b)

0

38,443

**d** Other exempt purpose expenditures

21,141,061

30,763,476

**e** Total exempt purpose expenditures (add lines 1c and 1d)

21,141,061

30,801,919

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

1,000,000

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

250,000

250,000

**h** Subtract line 1g from line 1a. If zero or less, enter -0-

0

0

**i** Subtract line 1f from line 1c. If zero or less, enter -0-

0

0

**j** 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?☐ Yes ☐ 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)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 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 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.

Return Reference	Explanation
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TY 2018 Affiliated Group Schedule

**Name:** THE VERMONT COMMUNITY FOUNDATION  
**EIN:** 22-2712160

**Affiliated Group Business Name:** LET'S GROW KIDS INC  
**Address. Either US or Foreign Type:** 3 COURT STREET  
MIDDLEBURY, VT 05753  
**EIN:** 31-1802348  
**Electing Organization Checkbox:** ☒  
**Total Grassroots Lobbying:** 11,315  
**Total Direct Lobbying:** 27,128  
**Total Lobbying Expenditures:** 38,443  
**Other Exempt Purpose Expenditures:** 5,635,579  
**Total Exempt Purpose Expenditures:** 5,674,022  
**Lobbying Nontaxable Amount:** 433,701  
**Grassroots Nontaxable Amount:** 108,425  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** HIGH MEADOWS FUND INC  
**Address. Either US or Foreign Type:** 3 COURT STREET  
MIDDLEBURY, VT 05753  
**EIN:** 20-0288123  
**Electing Organization Checkbox:** ☒  
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 1,417,003  
**Total Exempt Purpose Expenditures:** 1,417,003  
**Lobbying Nontaxable Amount:** 216,700  
**Grassroots Nontaxable Amount:** 54,175  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

<b>Affiliated Group Business Name:</b>	J WARREN AND LOIS MCCLURE FOUNDATION INC
<b>Address. Either US or Foreign Type:</b>	3 COURT STREET MIDDLEBURY, VT 05753
<b>EIN:</b>	03-0345186
<b>Electing Organization Checkbox:</b>	<input checked="" type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	686,837
<b>Total Exempt Purpose Expenditures:</b>	686,837
<b>Lobbying Nontaxable Amount:</b>	128,026
<b>Grassroots Nontaxable Amount:</b>	32,007
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0
<b>Affiliated Group Business Name:</b>	ADDISON COMMUNITY ATHLETICS FOUNDATION INC
<b>Address. Either US or Foreign Type:</b>	3 COURT STREET MIDDLEBURY, VT 05753
<b>EIN:</b>	46-1164975
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	292,833
<b>Total Exempt Purpose Expenditures:</b>	292,833
<b>Lobbying Nontaxable Amount:</b>	58,567
<b>Grassroots Nontaxable Amount:</b>	14,642
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	0

<b>Affiliated Group Business Name:</b>	CURTIS FUND INC
<b>Address. Either US or Foreign Type:</b>	3 COURT STREET MIDDLEBURY, VT 05753
<b>EIN:</b>	03-6009912
<b>Electing Organization Checkbox:</b>	<input type="checkbox"/>
<b>Total Grassroots Lobbying:</b>	0
<b>Total Direct Lobbying:</b>	0
<b>Total Lobbying Expenditures:</b>	0
<b>Other Exempt Purpose Expenditures:</b>	1,590,163
<b>Total Exempt Purpose Expenditures:</b>	1,590,163
<b>Lobbying Nontaxable Amount:</b>	229,508
<b>Grassroots Nontaxable Amount:</b>	57,377
<b>Tot Lobbying Grassroot Minus Non Tx:</b>	0
<b>Tot Lobby Expend Mns Lobbying Non Tx:</b>	0
<b>Share Of Excess Lobbying:</b>	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 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?

☒ Yes ☐ 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?

☒ Yes ☐ 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 an 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 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

► \$

**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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 in 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
<b>1a</b> Beginning of year balance . . . . .	249,470,508	192,035,450	165,766,319	153,295,488	151,115,719
<b>b</b> Contributions . . . . .	21,030,338	44,389,827	28,756,452	33,858,087	12,763,985
<b>c</b> Net investment earnings, gains, and losses	-11,551,583	31,089,013	14,497,960	-2,279,585	8,510,251
<b>d</b> Grants or scholarships . . . . .	15,813,693	13,653,752	13,538,920	15,395,690	15,306,771
<b>e</b> Other expenditures for facilities and programs . . . . .	3,175,173	2,744,204	2,376,124	2,541,129	2,645,195
<b>f</b> Administrative expenses . . . . .	1,482,025	1,645,826	1,070,237	1,170,851	1,142,501
<b>g</b> 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 ▶ 96 000 %

**b** Permanent endowment ▶ 0 %

**c** Temporarily restricted endowment ▶ 4 000 %

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 . . . . .

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

	Yes	No
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>		No
<b>3b</b>		

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		2,022,096	714,098	1,307,998
<b>c</b> Leasehold improvements		4,728	4,728	0
<b>d</b> Equipment . . . . .		658,440	618,098	40,342
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				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	F
(B) DOMESTIC EQUITY	27,713,294	F
(C) GLOBAL EQUITY	61,686,074	F
(D) HEDGED EQUITY	25,654,013	F
(E) PRIVATE EQUITY	10,042,711	F
(F)		
(G)		
(H)		
Total. (Column (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)		
Total. (Column (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)	
Total. (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		
LIABILITIES ASSOCIATED WITH SPLIT INTEREST AGREEMENTS	9,712,255	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**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.

Return Reference	Explanation
See Additional Data Table	



**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-2712160  
**Name:** THE VERMONT COMMUNITY FOUNDATION

**Supplemental Information**

Return Reference	Explanation
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" to 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" to 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		37,176,793
<b>3a</b> Sub-total	0	0			37,176,793
<b>b</b> Total from continuation sheets to Part I					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" to 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> 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 . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**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).

ReturnReference	Explanation





**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)
		<b>VERMONT WOMEN'S FUND FUNDRAISERS</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
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 \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>12</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>13</b> Indicate the percentage of gaming activity conducted in							
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 10%;"><b>13a</b></td><td style="width: 80%;"></td><td style="width: 10%; text-align: center;">%</td></tr><tr><td><b>13b</b></td><td></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>		%	<b>13b</b>		%
<b>13a</b>		%					
<b>13b</b>		%					
<b>b</b> An outside facility							

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- 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 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.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I**  
**(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
THE VERMONT COMMUNITY FOUNDATION

**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

**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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL SCHOLARSHIPS	45	81,568		FMV	
(2) ART AWARDS	12	22,848		FMV	
(3) COMMUNITY LEADERSHIP	1	15,000		FMV	
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 A REPORT TO THE FOUNDATION UPON PROGRAM COMPLETION OR WITHIN ONE YEAR OF GRANT AWARD

Additional Data

Software ID:  
Software Version:  
EIN: 22-2712160  
Name: THE VERMONT COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ACADEMY FOR SYSTEMS CHANGE PO BOX 1012 NORWICH, VT 05055	02-0492913	501(C)(3)	7,500				GEN SUPPORT
ADDISON CENTRAL SCHOOL DISTRICT 49 CHARLES AVENUE MIDDLEBURY, VT 05753	03-6000335	MUNICIPAL	9,024				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COMMUNITY ATHLETICS FOUNDATION INC 3 COURT STREET MIDDLEBURY, VT 05753	46-1164975	501(C)(3)	236,328				GEN SUPPORT
ADDISON COUNTY COMMUNITY ACTION GROUP (HOPE) 282 BOARDMAN STREET SUITE 1A MIDDLEBURY, VT 05753	23-7393720	501(C)(3)	167,700				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 FAIR & FIELD DAYS PO BOX 745 MIDDLEBURY, VT 05753	03-0185886	501(C)(3)	100,000				GEN SUPPORT
ADDISON COUNTY HUMANE SOCIETY 236 BOARDMAN STREET MIDDLEBURY, VT 05753	03-0264068	501(C)(3)	16,664				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 PARENTCHILD CENTER 126 MONROE STREET PO BOX 646 MIDDLEBURY, VT 05753	03-0280370	501(C)(3)	39,000				GEN SUPPORT
ADIRONDACK COUNCIL PO BOX D- 2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	20,500				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCE TRANSIT PO BOX 1027 WILDER, VT 05088	22-2558708	501(C)(3)	5,500				GEN SUPPORT
AGE WELL 76 PEARL STREET SUITE 201 ESSEX JUNCTION, VT 05452	22-2474636	501(C)(3)	6,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALBANY PUBLIC LIBRARY 530 MAIN STREET ALBANY, VT 05820	03-6000344	501(C)(3)	5,300				GEN SUPPORT
ALL HANDS AND HEARTS - SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALLIANCE FOR CLIMATE EDUCATION 4696 BROADWAY SUITE 2 BOULDER, CO 80304	26-3106566	501(C)(3)	10,000				GEN SUPPORT
ALLIANCE FOR VERMONT COMMUNITIES PO BOX 545 SOUTH ROYALTON, VT 05068	81-3430662	501(C)(3)	37,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALLIED ARTISTS OF AMERICA C/O SALMAGUNDI CLUB 47 FIFTH AVE NEW YORK, NY 10003	13-6116201	501(C)(3)	6,000				GEN SUPPORT
AMERICAN ASSOCIATION OF SUICIDOLOGY 5221 WISCONSIN AVENUE NW WASHINGTON, DC 20015	95-2930701	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF VERMONT PO BOX 277 MONTPELIER, VT 05601	23-7123046	501(C)(3)	23,650				GEN SUPPORT
AMERICAN MORGAN HORSE EDUCATIONAL CHARITABLE TRUST 4066 SHELBURNE ROAD SUITE 5 SHELBURNE, VT 054824904	30-6041200	501(C)(3)	67,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN PRECISION MUSEUM INC 196 MAIN STREET PO BOX 679 WINDSOR, VT 050890679	03-0218096	501(C)(3)	5,531				GEN SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	30,250				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN WIND WILDLIFE INSTITUTE 1110 VERMONT AVENUE NW SUITE 950 WASHINGTON, DC 20005	26-1587829	501(C)(3)	100,000				GEN SUPPORT
APPALACHIAN VOICES 589 WEST KING STREET BOONE, NC 28607	56-2049956	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BARRE HISTORICAL SOCIETY PO BOX 496 BARRE, VT 05641	03-6010615	501(C)(3)	5,250				GEN SUPPORT
BARRE OPERA HOUSE INC 6 NORTH MAIN STREET PO BOX 583 BARRE, VT 05641	03-0270440	501(C)(3)	10,416				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BELLA VOCE WOMEN'S CHORUS OF VERMONT 14 ASPEN DRIVE ESSEX JUNCTION, VT 05452	20-0941504	501(C)(3)	7,000				GEN SUPPORT
BENNINGTON COALITION FOR THE HOMELESS PO BOX 4736 BENNINGTON, VT 05201	03-0346663	501(C)(3)	32,250				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BENNINGTON COLLEGE ONE COLLEGE DRIVE BENNINGTON, VT 05201	03-0179414	501(C)(3)	7,750				GEN SUPPORT
BENNINGTON COUNTY REGIONAL COMMISSION 111 SOUTH STREET SUITE 203 BENNINGTON, VT 05201	03-0224444	501(C)(3)	105,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BENNINGTON FREE LIBRARY 101 SILVER STREET BENNINGTON, VT 05201	03-0181067	501(C)(3)	15,603				GEN SUPPORT
BETHANY COLLEGE DEVELOPMENT OFFICE 31 EAST CAMPUS DRIVE BETHANY, WV 26032	55-0356985	501(C)(3)	20,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BIG DOG RANCH RESCUE 11390 JOG ROAD SUITE 101 PALM BEACH GARDENS, FL 33418	26-3184971	501(C)(3)	10,000				GEN SUPPORT
BIRDS OF VERMONT MUSEUM 900 SHERMAN HOLLOW ROAD HUNTINGTON, VT 05462	03-0277302	501(C)(3)	71,064				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BOY SCOUTS OF AMERICA - GREEN MOUNTAIN COUNCIL PO BOX 557 WATERBURY, VT 05676	03-0229256	501(C)(3)	6,050				GEN SUPPORT
BOYS & GIRLS CLUB OF BURLINGTON 62 OAK STREET BURLINGTON, VT 05401	03-0179307	501(C)(3)	34,709				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOYS & GIRLS CLUB OF GREATER VERGENNES 55 SCHOOL STREET VERGENNES, VT 054910356	03-0359691	501(C)(3)	5,500				GEN SUPPORT
BOYS & GIRLS CLUB OF RUTLAND COUNTY 71-77 MERCHANTS ROW PO BOX 636 RUTLAND, VT 05702	31-1653365	501(C)(3)	140,587				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BRAIN ARTS ORGANIZATION INC 1486 DORCHESTER AVE 2 DORCHESTER, MA 02122	46-2199793	501(C)(3)	15,000				GEN SUPPORT
BRATTLEBORO HOCKEY ASSOCIATION PO BOX 1 BRATTLEBORO, VT 05301	03-0262901	501(C)(3)	6,300				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BRIGHTON COMMUNITY FORUM PO BOX 157 ISLAND POND, VT 05846	20-0968570	501(C)(3)	6,500				GEN SUPPORT
BROC - COMMUNITY ACTION IN SOUTHWESTERN VERMONT 45 UNION STREET RUTLAND, VT 05701	03-0216505	501(C)(3)	12,500				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRYAN MEMORIAL GALLERY FOUNDATION INC 180 MAIN STREET PO BOX 340 JEFFERSONVILLE, VT 054640340	03-0287574	501(C)(3)	62,438				GEN SUPPORT
BUILDING A LOCAL ECONOMY INC (BALE) 35 SOUTH WINDSOR STREET PO BOX 211 SOUTH ROYALTON, VT 05068	27-4850835	501(C)(3)	15,250				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BURKLYN ARTS COUNCIL PO BOX 1056 LYNDONVILLE, VT 05851	23-7164267	501(C)(3)	10,000				GEN SUPPORT
BURLINGTON CHAMBER ORCHESTRA PO BOX 64983 BURLINGTON, VT 05406	74-3225462	501(C)(3)	10,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BURLINGTON CITY ARTS FOUNDATION 135 CHURCH STREET BURLINGTON, VT 05401	03-0354963	501(C)(3)	17,106				GEN SUPPORT
BURLINGTON SCHOOL DISTRICT 150 COLCHESTER AVENUE BURLINGTON, VT 05401	03-6000410	MUNICIPAL	7,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BURLINGTON SCHOOLS FOUNDATION PO BOX 3307 BURLINGTON, VT 05408	03-0352489	501(C)(3)	27,500				GEN SUPPORT
CAMP THORPE INC 680 CAPEN HILL ROAD PO BOX 82 BRANDON, VT 05733	03-0183587	501(C)(3)	10,288				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CANAAN SCHOOL DISTRICT 99 SCHOOL STREET CANAAN, VT 05903	03-6000415	501(C)(3)	6,654				GEN SUPPORT
CANCER PATIENT SUPPORT FOUNDATION INC PO BOX 1804 WILLISTON, VT 05495	03-0365270	501(C)(3)	13,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAPITAL CITY CONCERTS PO BOX 622 MONTPELIER, VT 05601	03-0371755	501(C)(3)	11,000				GEN SUPPORT
CAPITAL SOCCER CLUB 4 NORTH PARK DRIVE MONTPELIER, VT 05602	34-2034406	501(C)(3)	8,200				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAPSTONE COMMUNITY ACTION 20 GABLE PLACE BARRE, VT 05641	03-0216254	501(C)(3)	37,500				GEN SUPPORT
CARPENTER-CARSE LIBRARY 69 BALLARD CORNERS HINESBURG, VT 05461	03-0185083	501(C)(3)	8,304				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CASTLETON COMMUNITY SENIORS INC 2108 MAIN STREET CASTLETON, VT 05735	03-0357112	501(C)(3)	6,000				GEN SUPPORT
CATAMOUNT FILM & ARTS CO 115 EASTERN AVENUE PO BOX 324 ST JOHNSBURY, VT 05819	03-0276780	501(C)(3)	49,848				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CATSKILL CENTER FOR CONSERVATION AND DEVELOPMENT INC 43355 ROUTE 28 ARKVILLE, NY 12406	23-7058142	501(C)(3)	20,000				GEN SUPPORT
CCTV CENTER FOR MEDIA & DEMOCRACY CHITTENDEN COMMUNITY TELEVISION 294 NORTH WINOOSKI AVENUE SUITES 210-21 BURLINGTON, VT 05401	22-2582888	501(C)(3)	50,250				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALTH AND LEARNING 28 VERNON STREET SUITE 319 BRATTLEBORO, VT 05301	03-0351024	501(C)(3)	25,000				GEN SUPPORT
CENTER FOR RESTORATIVE JUSTICE 439 MAIN STREET SUITE 2 BENNINGTON, VT 05201	03-0284675	501(C)(3)	23,843				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTER FOR THE STUDY OF PLACE 217 OAK RIDGE CIRCLE STAUNTON, VA 24401	85-0434036	501(C)(3)	20,000				GEN SUPPORT
CENTER FOR WOMEN & ENTERPRISE 24 SCHOOL STREET 7TH FLOOR BOSTON, MA 02108	04-3256236	501(C)(3)	8,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTRAL VERMONT COUNCIL ON AGING 59 NORTH MAIN STREET SUITE 200 BARRE, VT 05641	03-0276104	501(C)(3)	16,000				GEN SUPPORT
CHAMPLAIN COLLEGE 163 SOUTH WILLARD STREET PO BOX 670 670 BURLINGTON, VT 05402	03-0220266	501(C)(3)	34,382				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHAMPLAIN HOUSING TRUST 88 KING STREET BURLINGTON, VT 05401	22-2536446	501(C)(3)	106,611				GEN SUPPORT
CHAMPLAIN VALLEY OFFICE OF ECONOMIC OPPORTUNITY (CVOEO) 255 SOUTH CHAMPLAIN STREET PO BOX 1603 BURLINGTON, VT 05402	03-0216837	501(C)(3)	56,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHAMPLAIN VALLEY UNITARIAN UNIVERSALIST SOCIETY 2 DUANE COURT MIDDLEBURY, VT 057531383	83-1559952	501(C)(3)	6,000				GEN SUPPORT
CHANDLER CENTER FOR THE ARTS INC 71-73 MAIN STREET RANDOLPH, VT 05060	03-0266500	501(C)(3)	6,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHANGE THE WORLD KIDS 7 CHURCH STREET WOODSTOCK, VT 05091	03-0531488	501(C)(3)	8,000				GEN SUPPORT
CHANGING PERSPECTIVES PO BOX 694 BRADFORD, VT 05033	46-3115902	501(C)(3)	7,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILDREN'S LITERACY FOUNDATION (CLIF) 1536 LOOMIS HILL ROAD WATERBURY CENTER, VT 05677	02-0498154	501(C)(3)	44,500				GEN SUPPORT
CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS 20622 WEST PALM SILVER PALM DR ESTERO, FL 33928	04-8661767	RELIGIOUS	79,000				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CIRCLE INC PO BOX 652 BARRE, VT 05641	03-0331147	501(C)(3)	12,450				GEN SUPPORT
CIRCUS SMIRKUS ONE CIRCUS ROAD GREENSBORO, VT 05841	23-7352665	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CITY OF BARRE VERMONT 6 NORTH MAIN STREET PO BOX 418 BARRE, VT 05641	03-6000356	MUNICIPAL	58,864				GEN SUPPORT
CIVILIAN CONSERVATION CORPS USA 82 BLAIR PARK ROAD PO BOX 357 WILLISTON, VT 05495	81-4015690	501(C)(3)	25,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CMF INNOVATIONS PO BOX 385 CHARLOTTE, VT 05445	46-1041296	501(C)(3)	12,000				GEN SUPPORT
COLLEGE STREET CONGREGATIONAL CHURCH 265 COLLEGE STREET BURLINGTON, VT 05401	03-0184074	501(C)(3)	16,209				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMITTEE ON TEMPORARY SHELTER 95 NORTH AVENUE PO BOX 1616 BURLINGTON, VT 05402	03-0285606	501(C)(3)	88,050				GEN SUPPORT
COMMODORE FRIENDS OF MUSIC C/O KATHY CLARK VERMONT ROUTE 22A ADDISON, VT 05491	81-3838896	501(C)(3)	15,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMON GROUND CENTER 473 TATRO ROAD STARKSBORO, VT 05487	03-0343966	501(C)(3)	15,500				GEN SUPPORT
COMMUNITY ASYLUM SEEKERS PROJECT 2128 BROCKWAYS MILLS ROAD ROCKINGHAM, VT 05143	81-3418323	501(C)(3)	10,000				GEN SUPPORT

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COMMUNITY ENGAGEMENT LAB 41 SUMMER ST MONTPELIER, VT 05602	45-3868526	501(C)(3)	15,000				GEN SUPPORT
COMMUNITY HEALTH CENTERS OF BURLINGTON 617 RIVERSIDE AVENUE BURLINGTON, VT 05401	23-7182584	501(C)(3)	16,000				GEN SUPPORT

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COMMUNITY HEALTH SERVICES OF ADDISON COUNTY (DBA OPEN DOOR CLINIC 100 PORTER DRIVE MIDDLEBURY, VT 05753	03-0359531	501(C)(3)	27,012				GEN SUPPORT
COMMUNITY RESILIENCE ORGANIZATIONS 97 HAYWARD STREET BURLINGTON, VT 05401	47-4647183	501(C)(3)	10,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY RESTORATIVE JUSTICE CENTER INC 576 RAILROAD STREET SUITE 2 ST JOHNSBURY, VT 05819	80-0807940	501(C)(3)	5,500				GEN SUPPORT
CONGREGATION OF TEMPLE SINAI INC 500 SWIFT STREET SOUTH BURLINGTON, VT 05403	03-6012816	501(C)(3)	10,678				GEN SUPPORT



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CONNECTICUT RIVER CONSERVANCY 15 BANK ROW GREENFIELD, MA 01301	04-2148397	501(C)(3)	8,300				GEN SUPPORT
CONNECTICUT VALLEY FAIR INC PO BOX 818 BRADFORD, VT 05033	23-7168840	501(C)(3)	25,000				GEN SUPPORT

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CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	21,000				GEN SUPPORT
CORNWALL SCHOOL 112 SCHOOL ROAD CORNWALL, VT 05753	03-0293465	MUNICIPAL	14,075				GEN SUPPORT

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CORPORATE ACCOUNTABILITY 10 MILK STREET SUITE 610 BOSTON, MA 02108	41-1322686	501(C)(3)	26,300				GEN SUPPORT
COVER HOME REPAIR 158 SOUTH MAIN STREET WHITE RIVER JUNCTION, VT 05001	20-4597157	501(C)(3)	5,250				GEN SUPPORT

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CRAFT EMERGENCY RELIEF FUND 535 STONE CUTTERS WAY STE 202 MONTPELIER, VT 05602	13-3273980	501(C)(3)	10,000				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				GEN SUPPORT

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DAVIDSON MIDDLE SCHOOL 280 WOODLAND AVENUE SAN RAFAEL, CA 94901	68-0194365	501(C)(3)	12,500				GEN SUPPORT
DEBORAH RAWSON MEMORIAL LIBRARY 8 RIVER ROAD JERICHO, VT 054652001	56-2379058	501(C)(3)	23,426				GEN SUPPORT

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DISMAS OF VERMONT INC 103 EAST ALLEN STREET WINOOSKI, VT 05404	03-0369442	501(C)(3)	5,250				GEN SUPPORT
DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	13-3433452	501(C)(3)	37,800				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EAGLE ISLAND INC PO BOX 245 LIVINGSTON, NJ 07039	27-4548675	501(C)(3)	76,000				GEN SUPPORT
EARTHWALK VERMONT PO BOX 21 PLAINFIELD, VT 05667	11-3744202	501(C)(3)	12,500				GEN SUPPORT

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ECHO LEAHY CENTER FOR LAKE CHAMPLAIN INC 1 COLLEGE STREET BURLINGTON, VT 05401	03-0347288	501(C)(3)	13,250				GEN SUPPORT
EDEN PEOPLE INSPIRING COMMUNITY INC (EPIC) PO BOX 157 EDEN, VT 05652	61-1673126	501(C)(3)	6,000				GEN SUPPORT



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EDISON SCHOLARSHIP & MEMORIAL FUND 700 22ND AVE NE MINNEAPOLIS, MN 55412	41-6023937	501(C)(3)	11,000				GEN SUPPORT
EDMUNDS MIDDLE SCHOOL 299 MAIN STREET BURLINGTON, VT 05401	47-1351664	MUNICIPAL	14,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ELDERLY SERVICES INC 112 EXCHANGE STREET PO BOX 581 MIDDLEBURY, VT 05753	03-0280968	501(C)(3)	50,850				GEN SUPPORT
ENERGIZE VERMONT PO BOX 172 EAST BURKE, VT 05832	30-0626166	501(C)(3)	15,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ENERGY ACTION NETWORK 17 STATE ST SUITE 205 MONTPELIER, VT 05602	45-5424161	501(C)(3)	25,000				GEN SUPPORT
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	8,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,750				GEN SUPPORT
FAIRBANKS MUSEUM & PLANETARIUM 1302 MAIN STREET ST JOHNSBURY, VT 05819	03-0184732	501(C)(3)	27,081				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FARMER VETERAN COALITION 4614 2ND STREET SUITE 4 DAVIS, CA 95618	46-2362098	501(C)(3)	25,000				GEN SUPPORT
FIRST NIGHT BURLINGTON INC PO BOX 3310 BURLINGTON, VT 05408	03-0287099	501(C)(3)	67,832				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIRST UNITARIAN UNIVERSALIST SOCIETY OF BURLINGTON 152 PEARL STREET BURLINGTON, VT 05401	03-6003834	RELIGIOUS	20,990				GEN SUPPORT
FLYNN CENTER FOR THE PERFORMING ARTS 153 MAIN STREET BURLINGTON, VT 05401	03-0277052	501(C)(3)	195,859				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FOOD 4 FARMERS 523 ISHAM RD HINESBURG, VT 05461	27-2267267	501(C)(3)	11,000				GEN SUPPORT
FOOD AND WATER WATCH 1616 P STREET NW 300 WASHINGTON, DC 20036	32-0160439	501(C)(3)	5,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FOOD CONNECTS 45 FARMHOUSE SQUARE BRATTLEBORO, VT 05301	46-2372533	501(C)(3)	10,250				GEN SUPPORT
FORT TICONDEROGA ASSOCIATION INC 30 FORT TI ROAD PO BOX 390 TICONDEROGA, NY 12883	14-1440924	501(C)(3)	10,107				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRANKLIN COUNTY CARING COMMUNITIES INC 27 CHURCH STREET SUITE 2 ST ALBANS, VT 05478	75-3238572	501(C)(3)	10,500				GEN SUPPORT
FRIENDS OF FLETCHER FREE LIBRARY 235 COLLEGE STREET BURLINGTON, VT 05401	31-1774892	MUNICIPAL	11,250				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF HILAND HALL GARDENS PO BOX 21 NORTH BENNINGTON, VT 05257	27-4209541	501(C)(3)	6,000				GEN SUPPORT
FRIENDS OF NORTH BRANCH NATURE CENTER 713 ELM STREET MONTPELIER, VT 05602	76-0830759	501(C)(3)	23,750				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF THE MAD RIVER 4061 MAIN STREET PO BOX 255 WAITSFIELD, VT 05673	03-0348974	501(C)(3)	50,000				GEN SUPPORT
FUND FOR NORTH BENNINGTON 23 MECHANIC STREET PO BOX 803 NORTH BENNINGTON, VT 05257	03-0335309	501(C)(3)	30,432				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GENERATOR 40 SEARS LANE BURLINGTON, VT 05401	46-3848431	501(C)(3)	6,100				GEN SUPPORT
GLOBAL CAMPUSES FOUNDATION 43 SOUTH MAIN STREET SUITE 3 RANDOLPH, VT 05060	86-1028759	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GLOBALGIVING FOUNDATION 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	30-0108263	501(C)(3)	23,000				GEN SUPPORT
GODDARD COLLEGE CORPORATION 123 PITKIN ROAD PLAINFIELD, VT 05667	03-0179419	501(C)(3)	67,578				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOOD NEIGHBOR HEALTH CLINIC 70 NORTH MAIN STEET WHITE RIVER JUNCTION, VT 05001	03-0346949	501(C)(3)	15,500				GEN SUPPORT
GOODRICH MEMORIAL LIBRARY INC 202 MAIN STREET NEWPORT, VT 05855	03-0184028	501(C)(3)	35,083				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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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				GEN SUPPORT
GRANITE UNITED WAY - UPPER VALLEY REGION 1 COURT STREET SUITE 370 LEBANON, NH 03766	02-6006033	501(C)(3)	6,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREATER BURLINGTON YMCA 266 COLLEGE STREET BURLINGTON, VT 05401	03-0185810	501(C)(3)	125,753				GEN SUPPORT
GREEN MOUNTAIN CLUB 4711 WATERBURY-STOWE ROAD WATERBURY CENTER, VT 05677	03-0162865	501(C)(3)	5,499				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREEN MOUNTAIN COLLEGE OFFICE OF COLLEGE ADVANCEMENT ONE BRENNAN CIRCLE POULTNEY, VT 05764	03-0179299	501(C)(3)	68,650				GEN SUPPORT
GREEN MOUNTAIN FARM-TO- SCHOOL INC 115 2ND STREET NEWPORT, VT 058554468	41-2273707	501(C)(3)	31,000				GEN SUPPORT

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GREEN MOUNTAIN HABITAT FOR HUMANITY 300 CORNERSTONE DRIVE SUITE 335 WILLISTON, VT 054954031	22-2558923	501(C)(3)	5,500				GEN SUPPORT
GREEN MOUNTAIN HORSE ASSOCIATION PO BOX 8 SOUTH WOODSTOCK, VT 05071	03-6011708	501(C)(3)	6,150				GEN SUPPORT

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GREENSBORO ASSOCIATION PO BOX 59 GREENSBORO, VT 05841	30-0796097	501(C)(3)	71,687				GEN SUPPORT
GROUNDWORKS COLLABORATIVE INC PO BOX 370 BRATTLEBORO, VT 053020370	03-0267404	501(C)(3)	33,387				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARTFORD SCHOOLS 245 HIGHLAND AVENUE WHITE RIVER JUNCTION, VT 05001	03-6000504	MUNICIPAL	21,900				GEN SUPPORT
HELEN DAY ART CENTER PO BOX 411 STOWE, VT 05672	03-0284825	501(C)(3)	5,567				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HELPING AND NURTURING DIVERSE SENIORS (HANDS) 13 ST LOUIS ST BURLINGTON, VT 05401	38-3804490	501(C)(3)	7,500				GEN SUPPORT
HIGH HORSES THERAPEUTIC RIDING PROGRAM PO BOX 278 SHARON, VT 05065	02-0461109	501(C)(3)	8,859				GEN SUPPORT

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HINESBURG COMMUNITY RESOURCE CENTER PO BOX 444 HINESBURG, VT 05461	22-3051349	501(C)(3)	18,500				GEN SUPPORT
HOMEFRONT INC 1880 PRINCETON AVENUE LAWRENCEVILLE, NJ 08648	22-3165145	501(C)(3)	9,000				GEN SUPPORT

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HOSPICE VOLUNTEER SERVICES 63 MAPLE STREET PO BOX 772 MIDDLEBURY, VT 05753	03-0286587	501(C)(3)	19,374				GEN SUPPORT
HOWARD CENTER 208 FLYNN AVENUE SUITE 3J BURLINGTON, VT 05401	03-0179433	501(C)(3)	19,736				GEN SUPPORT

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HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 10118	13-2875808	501(C)(3)	10,500				GEN SUPPORT
HUNGER FREE VERMONT 38 EASTWOOD DRIVE SUITE 100 SOUTH BURLINGTON, VT 05403	03-0336357	501(C)(3)	102,956				GEN SUPPORT



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HYPERBARIC VERMONT INC 1808 BRIDGMAN HILL ROAD HARDWICK, VT 05843	30-0964512	501(C)(3)	10,000				GEN SUPPORT
IN-SIGHT PHOTOGRAPHY PROJECT INC 45 FLAT STREET SUITE 1 BRATTLEBORO, VT 05301	03-0338482	501(C)(3)	35,725				GEN SUPPORT

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INSTITUTE FOR SOCIAL ECOLOGY PO BOX 48 PLAINFIELD, VT 05667	03-0280149	501(C)(3)	7,500				GEN SUPPORT
INSTITUTE FOR SUSTAINABLE COMMUNITIES 535 STONE CUTTERS WAY MONTPELIER, VT 05602	22-3098727	501(C)(3)	15,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)(3)	12,050				GEN SUPPORT
INTERVALE CENTER INC 180 INTERVALE ROAD BURLINGTON, VT 05401	03-0329656	501(C)(3)	9,049				GEN SUPPORT

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J WARREN AND LOIS MCCLURE FOUNDATION INC 3 COURT STREET MIDDLEBURY, VT 05753	03-0345186	501(C)(3)	40,000				GEN SUPPORT
JEWISH COMMUNITY OF GREATER STOWE 1189 CAPE COD ROAD PO BOX 253 STOWE, VT 05672	03-0351208	501(C)(3)	5,109				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JOHN W GRAHAM EMERGENCY SHELTER 69 MAIN STREET VERGENNES, VT 05491	03-0275219	501(C)(3)	32,500				GEN SUPPORT
JOHNS HOPKINS UNIVERSITYTHE SHERIDAN LIBRARIES 3400 NORTH CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	52,548				GEN SUPPORT

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KIDS ON THE BALL 19 LINDENWOOD DRIVE SOUTH BURLINGTON, VT 05403	47-4303706	501(C)(3)	6,000				GEN SUPPORT
KING STREET CENTER 87 KING STREET PO BOX 1615 BURLINGTON, VT 054021615	23-7236312	501(C)(3)	32,200				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KINGDOM COUNTY PRODUCTIONS 949 SOMERS ROAD BARNET, VT 05821	03-0328686	501(C)(3)	9,750				GEN SUPPORT
KINHAVEN MUSIC SCHOOL 6 ELBERTA ROAD MAPLEWOOD, NJ 07040	03-0214324	501(C)(3)	5,468				GEN SUPPORT

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KRIPALU CENTER FOR YOGA & HEALTH PO BOX 309 STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	10,000				GEN SUPPORT
LAKE CHAMPLAIN CHAMBER MUSIC FESTIVAL 20 WINOOSKI FALLS WAY SUITE 7 WINOOSKI, VT 05404	26-2757906	501(C)(3)	37,803				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LAKE CHAMPLAIN COMMITTEE 208 FLYNN AVENUE BUILDING 3 STUDIO 3F BURLINGTON, VT 05401	22-2482466	501(C)(3)	13,035				GEN SUPPORT
LAKE CHAMPLAIN MARITIME MUSEUM 4472 BASIN HARBOR ROAD VERGENNES, VT 05491	22-2570380	501(C)(3)	13,500				GEN SUPPORT

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LAKE CHAMPLAIN WALDORF SCHOOL 359 TURTLE LANE SHELBURNE, VT 05482	03-0296320	501(C)(3)	7,000				GEN SUPPORT
LAKE PLACID LAND CONSERVANCY PO BOX 1250 LAKE PLACID, NY 12946	16-1452565	501(C)(3)	7,500				GEN SUPPORT

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LAMOILLE COUNTY PLANNING COMMISSION PO BOX 1637 MORRISVILLE, VT 05661	03-0215922	501(C)(3)	8,290				GEN SUPPORT
LAMOILLE FAMILY CENTER INC 480 CADYS FALLS ROAD MORRISVILLE, VT 05661	03-0277640	501(C)(3)	7,500				GEN SUPPORT

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LAMOILLE NORTH SUPERVISORY UNION 96 CRICKET HILL ROAD HYDE PARK, VT 05655	03-0218296	501(C)(3)	15,000				GEN SUPPORT
LEBANON OPERA HOUSE IMPROVEMENT CORPORATION 51 NORTH PARK STREET PO BOX 384 LEBANON, NH 03766	02-0448277	501(C)(3)	5,500				GEN SUPPORT

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LET'S GROW KIDS INC 3 COURT STREET MIDDLEBURY, VT 05753	31-1802348	501(C)(3)	526,750				GEN SUPPORT
LINCOLN LIBRARY INC 222 WEST RIVER ROAD LINCOLN, VT 05443	03-0301455	501(C)(3)	20,854				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LONG TRAIL SCHOOL 1045 KIRBY HOLLOW ROAD DORSET, VT 052519403	03-0253366	501(C)(3)	15,000				GEN SUPPORT
LUND FAMILY CENTER 76 GLEN ROAD PO BOX 4009 BURLINGTON, VT 054064009	03-0179434	501(C)(3)	68,959				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MACLURE LIBRARY PO BOX 60 PITTSFORD, VT 05763	03-0267846	501(C)(3)	18,419				GEN SUPPORT
MAGICIANS WITHOUT BORDERS PO BOX 3 BRISTOL, VT 05443	75-3144325	501(C)(3)	5,500				GEN SUPPORT

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(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
MAKE A WISH FOUNDATION OF VERMONT 431 PINE STREET SUITE 214 SHELBURNE, VT 05401	03-0323013	501(C)(3)	22,247				GEN SUPPORT
MANCHESTER HISTORICAL SOCIETY PO BOX 363 MANCHESTER, VT 05254	03-6007649	501(C)(3)	8,750				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MAPLE CORNER COMMUNITY CENTER PO BOX 39 CALAIS, VT 05648	03-0297766	501(C)(3)	15,000				GEN SUPPORT
MARION CROSS SCHOOL 22 CHURCH STREET NORWICH, VT 05055	03-6000610	MUNICIPAL	5,411				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MARLBORO COLLEGE PO BOX A MARLBORO, VT 05344	03-0179593	501(C)(3)	10,000				GEN SUPPORT
MARY JOHNSON CHILDREN'S CENTER INC 81 WATER STREET MIDDLEBURY, VT 05753	03-0224359	501(C)(3)	18,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ME2 ORCHESTRA 85 E NEWTON STREET BOSTON, MA 02118	45-2684239	501(C)(3)	6,000				GEN SUPPORT
MEALS ON WHEELS OF LAMOILLE COUNTY INC 24 UPPER MAIN STREET PO BOX 1427 MORRISVILLE, VT 05661	22-3240238	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MEEDAN INC 1355 MARKET STE 488 SAN FRANCISCO, CA 94103	20-4504068	501(C)(3)	20,000				GEN SUPPORT
MEMORIAL BAPTIST CHURCH 97 SOUTH PLEASANT STREET MIDDLEBURY, VT 05753	22-2520942	RELIGIOUS	25,100				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MERCK FOREST & FARMLAND CENTER INC PO BOX 86 RUPERT, VT 05768	03-0184959	501(C)(3)	139,965				GEN SUPPORT
MERCY CONNECTIONS INC 255 SOUTH CHAMPLAIN STREET SUITE 8 BURLINGTON, VT 054014786	03-0369962	501(C)(3)	62,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MIDDLEBURY AREA LAND TRUST 211 MAPLE STREET SUITE 27A PO BOX 804 MIDDLEBURY, VT 05753	22-2835049	501(C)(3)	9,642				GEN SUPPORT
MIDDLEBURY COLLEGE GIFT ADMINISTRATION OFFICE 700 EXCHANGE STREET MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	10,050				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MIDDLEBURY STUDIO SCHOOL 2377 RT 7 SOUTH MIDDLEBURY, VT 05753	26-4711953	501(C)(3)	12,000				GEN SUPPORT
MIDDLEBURY TRANSITIONAL CARE COALITION PO BOX 344 EAST MIDDLEBURY, VT 05740	56-2531802	501(C)(3)	24,600				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MIGRANT JUSTICE 179 S WINOOSKI AVENUE UNIT 202 BURLINGTON, VT 05401	81-4176655	501(C)(3)	11,750				GEN SUPPORT
MILL RIVER UNIFIED UNION SCHOOL DISTRICT 64 GRANGE HALL ROAD NORTH CLARENDON, VT 05759	81-2267789	501(C)(3)	14,163				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MILL RIVER UNION HIGH SCHOOL 2321 MIDDLE ROAD NORTH CLARENDON, VT 05759	23-7349055	501(C)(3)	6,000				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				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MUSIC-COMP 30 STEEPLEBUSH ROAD ESSEX JUNCTION, VT 05452	03-0364597	501(C)(3)	8,000				GEN SUPPORT
NATIONAL AUDUBON SOCIETY 225 VARICK STREET 7TH FL NEW YORK, NY 10014	13-1624102	501(C)(3)	6,470				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NATIONAL LIFE GROUP FOUNDATION ONE NATIONAL LIFE DRIVE MONTPELIER, VT 05604	20-4818866	501(C)(3)	15,000				GEN SUPPORT
NEIGHBORHOOD CONNECTIONS 5700 VT ROUTE 100 PO BOX 207 LONDONDERRY, VT 05148	26-4547219	501(C)(3)	6,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEIGHBORWORKS OF WESTERN VERMONT 110 MARBLE STREET WEST RUTLAND, VT 05777	03-0301526	501(C)(3)	7,500				GEN SUPPORT
NEW ENGLAND GRASSROOTS ENVIRONMENT FUND PO BOX 611 NEWMARKET, NH 03857	03-0364677	501(C)(3)	25,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NEW PROFIT INC 200 CLARENDON STREET BOSTON, MA 20116	04-3396766	501(C)(3)	25,000				GEN SUPPORT
NEWSTORY CENTER PO BOX 313 RUTLAND, VT 05702	03-0280469	501(C)(3)	37,664				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NIGHT FALL 45 CHURCH STREET HARTFORD, CT 06103	46-3282277	501(C)(3)	15,000				GEN SUPPORT
NOKOTA HORSE CONSERVANCY 208 NW 1ST ST LINTON, ND 58552	31-1672930	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORMAN WILLIAMS PUBLIC LIBRARY 10 THE GREEN WOODSTOCK, VT 05091	03-0179304	501(C)(3)	7,500				GEN SUPPORT
NORTH BRANCH SCHOOL PO BOX 209 RIPTON, VT 05766	32-0013815	501(C)(3)	33,750				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTH HERO HISTORICAL SOCIETY PO BOX 175 NORTH HERO, VT 05474	05-0468580	501(C)(3)	29,605				GEN SUPPORT
NORTHEAST KINGDOM COMMUNITY ACTION INC PO BOX 346 NEWPORT, VT 05855	03-0276709	501(C)(3)	12,750				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST KINGDOM YOUTH SERVICES 24 BAGLEY STREET ST JOHNSBURY, VT 05819	03-0258845	501(C)(3)	42,809				GEN SUPPORT
NORTHEAST ORGANIC FARMING ASSOCIATION OF VERMONT (NOFA-VT) 14 PLEASANT STREET PO BOX 697 RICHMOND, VT 05477	22-3260420	501(C)(3)	75,261				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST WILDERNESS TRUST 17 STATE STREET SUITE 302 MONTPELIER, VT 05602	01-0729039	501(C)(3)	10,000				GEN SUPPORT
NORTHERN FOREST CENTER INC 18 NORTH MAIN STREET PO BOX 210 CONCORD, NH 03302	22-3458955	501(C)(3)	11,250				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPEN SPACE INSTITUTE 1350 BROADWAY SUITE 201 NEW YORK, NY 10018	52-1053406	501(C)(3)	10,000				GEN SUPPORT
OPPORTUNITY EARLY CHILDHOOD EDUCATION AND FAMILY CENTER 1713 QUAIL DRIVE WEST PALM BEACH, FL 33409	59-0624429	501(C)(3)	225,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 DBA OLD STONE HOUSE MUSEUM 109 OLD STONE HOUSE ROAD BROWNINGTON, VT 05860	03-6010727	501(C)(3)	27,657				GEN SUPPORT
OTTAUQUECHEE HEALTH FOUNDATION 30 PLEASANT STREET PO BOX 784 WOODSTOCK, VT 05091	03-0197766	501(C)(3)	7,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OTTER CREEK CHILD CENTER INC 150 WEYBRIDGE STREET MIDDLEBURY, VT 05753	22-2564467	501(C)(3)	15,000				GEN SUPPORT
OUTRIGHT VERMONT 241 NORTH WINOOSKI AVE PO BOX 5235 BURLINGTON, VT 05402	03-0323843	501(C)(3)	45,750				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PARAMOUNT CENTER INC 30 CENTER STREET RUTLAND, VT 05701	22-2528303	501(C)(3)	10,000				GEN SUPPORT
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	19,050				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PATHWAYS VERMONT 125 COLLEGE STREET 2ND FLOOR BURLINGTON, VT 05401	30-0604758	501(C)(3)	22,500				GEN SUPPORT
PATRICIA A HANNAFORD REGIONAL TECHNICAL SCHOOL DISTRICT 51 CHARLES AVENUE MIDDLEBURY, VT 05753	20-1189236	MUNICIPAL	15,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PAWLET SCHOLARSHIPS INC PO BOX 206 PAWLET, VT 05761	05-0632826	501(C)(3)	25,965				GEN SUPPORT
PEACE & JUSTICE CENTER 60 LAKE STREET SUITE 1C BURLINGTON, VT 05401	03-0281472	501(C)(3)	22,500				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PEACHAM CONGREGATIONAL CHURCH PO BOX 205 PEACHAM, VT 05862	03-6009605	501(C)(3)	14,989				GEN SUPPORT
PENLAND SCHOOL OF CRAFTS PO BOX 37 PENLAND, NC 28765	56-0623948	501(C)(3)	12,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENTANGLE COUNCIL ON THE ARTS 31 THE GREEN WOODSTOCK, VT 05091	03-0237947	501(C)(3)	7,750				GEN SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	13-1644147	501(C)(3)	10,050				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND 784 HERCULES DRIVE SUITE 110 COLCHESTER, VT 05446	03-0222941	501(C)(3)	106,700				GEN SUPPORT
POPULATION MEDIA CENTER 30 KIMBALL AVENUE SUITE 302 SOUTH BURLINGTON, VT 05403	03-0358029	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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POULTNEY HISTORICAL SOCIETY 1500 EAST MAIN STREET PO BOX 605 POULTNEY, VT 05764	23-7044602	501(C)(3)	7,500				GEN SUPPORT
PRESERVATION TRUST OF VERMONT 104 CHURCH STREET BURLINGTON, VT 054014449	03-0281195	501(C)(3)	564,004				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PREVENT CHILD ABUSE VERMONT 203 COUNTRY CLUB ROAD SUITE 102 PO BOX 829 MONTPELIER, VT 05601	03-0267183	501(C)(3)	12,300				GEN SUPPORT
PRIDE CENTER OF VERMONT 255 SOUTH CHAMPLAIN STREET SUITE 12 12 BURLINGTON, VT 05401	03-0360396	501(C)(3)	17,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROPUBLICA 155 AVENUE OF THE AMERICAS 13TH FLOOR NEW YORK, NY 10013	14-2007220	501(C)(3)	50,250				GEN SUPPORT
PUBLIC ASSETS INSTITUTE PO BOX 942 MONTPELIER, VT 05601	16-1703662	501(C)(3)	31,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REGENERATION VERMONT 135 LONDON LANE HARDWICK, VT 05843	81-3488530	501(C)(3)	15,000				GEN SUPPORT
RESOURCE A NONPROFIT COMMUNITY ENTERPRISE 329 HARVEST LANE SUITE 200 WILLISTON, VT 05495	03-0326293	501(C)(3)	95,750				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RICE MEMORIAL HIGH SCHOOL 99 PROCTOR AVENUE SOUTH BURLINGTON, VT 05403	03-0198567	501(C)(3)	6,500				GEN SUPPORT
RIGHTS AND DEMOCRACY EDUCATION FUND 70 SOUTH WINOOSKI AVENUE SUITE 205 BURLINGTON, VT 05401	47-5375511	501(C)(3)	15,250				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RIVER ARTS OF MORRISVILLE INC 74 PLEASANT STREET PO BOX 829 MORRISVILLE, VT 05661	03-0368569	501(C)(3)	8,780				GEN SUPPORT
RIVER VALLEY TECHNICAL CENTER 307 SOUTH STREET SPRINGFIELD, VT 05156	56-2649139	501(C)(3)	15,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROKEBY MUSEUM INC 4334 ROUTE 7 FERRISBURGH, VT 05456	03-6011083	501(C)(3)	15,750				GEN SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF BURLINGTON VT 16 SOUTH WINOOSKI AVENUE BURLINGTON, VT 05401	03-0287584	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RURAL EDUCATION ACTION PROJECT 46 EAST STATE STREET MONPELIER, VT 05602	22-3045871	501(C)(3)	33,000				GEN SUPPORT
RUTLAND CITY PUBLIC SCHOOLS 6 CHURCH STREET RUTLAND, VT 05701	30-0511861	MUNICIPAL	13,666				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RUTLAND COUNTY PARENT-CHILD CENTER 61 PLEASANT STREET RUTLAND, VT 05701	22-2589017	501(C)(3)	5,416				GEN SUPPORT
RUTLAND REGIONAL MEDICAL CENTER INC 160 ALLEN STREET RUTLAND, VT 05701	03-0183483	501(C)(3)	15,799				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAFER SOCIETY FOUNDATION INC PO BOX 340 BRANDON, VT 05733	03-0347466	501(C)(3)	5,500				GEN SUPPORT
SAKONNET PRESERVATION ASSOCIATION PO BOX 945 LITTLE COMPTON, RI 02837	23-7225987	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SALVATION FARMS PO BOX 1174 MORRISVILLE, VT 05661	45-2954564	501(C)(3)	30,250				GEN SUPPORT
SAMARITAN HOUSE INC 24 KINGMAN STREET ST ALBANS, VT 05478	03-0330331	501(C)(3)	7,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SARA HOLBROOK COMMUNITY CENTER 66 NORTH AVENUE BURLINGTON, VT 05401	03-0179595	501(C)(3)	33,750				GEN SUPPORT
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	41,074				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SHELBURNE MUSEUM 6000 SHELBURNE ROAD PO BOX 10 SHELBURNE, VT 05482	03-0179436	501(C)(3)	17,800				GEN SUPPORT
SIDE PROJECT 2411 QUANTUM BLVD BOYNTON BEACH, FL 33426	46-0769403	501(C)(3)	52,000				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOIL CARBON COALITION 501 SOUTH STREET ENTERPRISE, OR 97828	26-1692060	501(C)(3)	5,500				GEN SUPPORT
SOUTH HERO LIBRARY FOUNDATION 75 SOUTH STREET SOUTH HERO, VT 05486	81-1209787	501(C)(3)	23,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTHEASTERN VERMONT COMMUNITY ACTION (SEVCA) 91 BUCK DRIVE WESTMINSTER, VT 051589618	03-0216740	501(C)(3)	23,500				GEN SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	17,750				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTHERN VERMONT AREA HEALTH EDUCATION CENTER (AHEC) 55 CLINTON STREET SUITE 1 SPRINGFIELD, VT 05156	03-0360193	501(C)(3)	6,400				GEN SUPPORT
SOUTHERN WINDSOR COUNTY INCUBATOR 14 CLINTON STREET SUITE 7 SPRINGFIELD, VT 05156	20-2386108	501(C)(3)	25,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SPECTRUM YOUTH AND FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	83,900				GEN SUPPORT
SPRING LAKE RANCH 1169 SPRING LAKE ROAD CUTTINGSVILLE, VT 05738	03-0200366	501(C)(3)	143,534				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SPRINGFIELD FAMILY CENTER 365 SUMMER STREET SPRINGFIELD, VT 05156	03-0265213	501(C)(3)	6,500				GEN SUPPORT
SPRINGFIELD SCHOOL DISTRICT 60 PARK STREET SPRINGFIELD, VT 05156	03-0277677	MUNICIPAL	25,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST JOHNSBURY ATHENAEUM 1171 MAIN STREET ST JOHNSBURY, VT 05819	03-0183005	501(C)(3)	8,908				GEN SUPPORT
ST PAUL'S EPISCOPAL CHURCH PO BOX 726 WELLS, VT 05774	03-6006922	501(C)(3)	22,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STAGECOACH TRANSPORTATION SERVICES INC PO BOX 356 RANDOLPH, VT 05060	03-0276517	501(C)(3)	10,000				GEN SUPPORT
STEPS TO END DOMESTIC VIOLENCE PO BOX 1535 BURLINGTON, VT 05402	03-0283657	501(C)(3)	20,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
STERLING COLLEGE PO BOX 72 CRAFTSBURY COMMON, VT 05827	03-0197728	501(C)(3)	11,250				GEN SUPPORT
STERN CENTER FOR LANGUAGE AND LEARNING 183 TALCOTT RD STE 101 WILLISTON, VT 054952075	22-2485793	501(C)(3)	14,750				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SUNDOG POETRY CENTER INC 197 HIGGINS RUN JEFFERSONVILLE, VT 05464	46-5081957	501(C)(3)	7,500				GEN SUPPORT
SUSTAINABLE WOODSTOCK PO BOX 611 WOODSTOCK, VT 05091	27-1178081	501(C)(3)	7,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SYNERGY LEARNING INTERNATIONAL 13 KIMBALL HILL PO BOX206 PUTNEY, VT 05346	03-0340583	501(C)(3)	12,500				GEN SUPPORT
TETON SCIENCE SCHOOL 700 COYOTE CANYON ROAD JACKSON, WY 830019953	83-0219163	501(C)(3)	165,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DREAM PROGRAM INC 87 ELM STREET PO BOX 361 WINOOSKI, VT 05404	26-0030908	501(C)(3)	159,953				GEN SUPPORT
THE FUND FOR LAKE GEORGE PO BOX 352 LAKE GEORGE, NY 12845	22-2565313	501(C)(3)	20,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE HIGH MEADOWS FUND INC 3 COURT STREET MIDDLEBURY, VT 05753	20-0288123	501(C)(3)	199,425				GEN SUPPORT
THE INITIATIVE FOR LOCAL CAPITAL PO BOX 1135 JERICHO, VT 05465	82-2514581	501(C)(3)	40,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LAND TRUST ALLIANCE INC 1250 H STREET NW SUITE 600 WASHINGTON, DC 20005	04-2751357	501(C)(3)	10,000				GEN SUPPORT
THE MENTOR CONNECTOR 110 MERCHANTS ROW PO BOX 1617 KILLINGTON, VT 05701	65-1290104	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	44,329				GEN SUPPORT
THE NEIGHBORHOOD ACADEMY 709 NORTH AIKEN AVENUE PITTSBURGH, PA 15206	25-1816609	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PENNSYLVANIA CENTER FOR EMPLOYEE OWNERSHIP BOX 1131 HAVERTOWN, PA 19083	81-1200869	501(C)(3)	100,000				GEN SUPPORT
THE ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET FIRST FLOOR BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	8,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SPACE ON MAIN INC 174 MAIN STREET PO BOX 512 BRADFORD, VT 05033	81-5147221	501(C)(3)	33,000				GEN SUPPORT
THE TRUST FOR PUBLIC LAND NATIONAL OFFICE GIFTS DEPARTMENT 101 MONTGOMERY STREET SUITE 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	16,250				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	25,000				GEN SUPPORT
THE UNIVERSITY OF VERMONT FOUNDATION GRASSE MOUNT BUILDING 411 MAIN STREET BURLINGTON, VT 05401	45-1556038	501(C)(3)	55,750				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF VERMONT HEALTH NETWORK HOME HEALTH & HOSPICE INC 1110 PRIM ROAD COLCHESTER, VT 05446	03-0179603	501(C)(3)	22,000				GEN SUPPORT
THE WILLIAMSTOWN ENDOWMENT FUND INC PO BOX 315 WILLIAMSTOWN, VT 05679	22-3032870	501(C)(3)	10,152				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THETFORD ACADEMY PO BOX 190 THETFORD, VT 05074	03-0183822	501(C)(3)	21,850				GEN SUPPORT
TIBET HOUSE 22 WEST 15TH STREET NEW YORK, NY 10011	13-3438221	501(C)(3)	40,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TOWARD FREEDOM 300 MAPLE STREET BURLINGTON, VT 05401	36-2319388	501(C)(3)	7,500				GEN SUPPORT
TOWN HALL THEATER INC 68 SOUTH PLEASANT STREET PO BOX 128 128 MIDDLEBURY, VT 05753	03-0358794	501(C)(3)	78,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TOWN OF BRATTLEBORO 230 MAIN STREET SUITE 208 BRATTLEBORO, VT 05301	03-6000393	MUNICIPAL	26,000				GEN SUPPORT
TOWN OF PEACHAM PO BOX 244 PEACHAM, VT 05862	03-6000621	MUNICIPAL	6,204				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TOWN OF SHELBURNE PIERSON LIBRARY PO BOX 88 SHELBURNE, VT 05482	03-6000683	MUNICIPAL	18,309				GEN SUPPORT
TRUST FOR CONSERVATION INNOVATION 405 14TH STREET SUITE 164 OAKLAND, CA 94612	91-2166435	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TWIN PINES HOUSING TRUST 226 HOLIDAY DRIVE SUITE 20 WHITE RIVER JCT, VT 05001	22-2809527	501(C)(3)	7,000				GEN SUPPORT
US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	7,550				GEN SUPPORT

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UC SANTA CRUZ FOUNDATION 1156 HIGH STREET SANTA CRUZ, CA 95064	23-7394590	501(C)(3)	10,000				GEN SUPPORT
UMBRELLA OF ST JOHNSBURY INC 1216 RAILROAD ST SUITE C ST JOHNSBURY, VT 05819	03-0268884	501(C)(3)	25,750				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNION CHURCH OF PROCTOR 5 CHURCH STREET PROCTOR, VT 05765	03-6009103	RELIGIOUS	9,564				GEN SUPPORT
UNITED CHRISTIAN ACADEMY 65 SCHOOL STREET NEWPORT, VT 05855	03-0345986	501(C)(3)	23,158				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNITED WAY OF ADDISON COUNTY 48 COURT STREET PO BOX 555 MIDDLEBURY, VT 05753	03-0221018	501(C)(3)	59,242				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				GEN SUPPORT

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(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 non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF NORTHWEST VERMONT INC 412 FARRELL STREET SUITE 200 SOUTH BURLINGTON, VT 05403	03-0217229	501(C)(3)	37,773				GEN SUPPORT
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC OFFICE OF GIFT ADMINISTRATION 620 WEST LEXINGTON STREET 2ND FLOOR BALTIMORE, MD 21201	31-1678679	501(C)(3)	15,676				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF VERMONT 340 WATERMAN BUILDING 85 SOUTH PROSPECT STREET BURLINGTON, VT 054050160	03-0179440	501(C)(3)	25,000				GEN SUPPORT
UP FOR LEARNING 155 ELM STREET SUITE 1 MONTPELIER, VT 05602	47-2894356	501(C)(3)	5,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UPPER SARANAC LAKE FOUNDATION PO BOX 564 SARANAC LAKE, NY 12983	22-3041892	501(C)(3)	11,000				GEN SUPPORT
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001	03-0277908	501(C)(3)	19,800				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UPPER VALLEY LAND TRUST 19 BUCK ROAD HANOVER, NH 03755	02-0387997	501(C)(3)	80,850				GEN SUPPORT
USA FOR UNHCR 1775 K STREET NW SUITE 580 WASHINGTON, DC 20006	52-1662800	501(C)(3)	7,500				GEN SUPPORT

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UVM MEDICAL CENTER 363 UVM COURTFWARD AT GIVEN NORTH 3RD FLOOR 111 COLCHESTER AVENUE BURLINGTON, VT 05401	03-0219309	501(C)(3)	35,459				GEN SUPPORT
VERGENNES UNION HIGH SCHOOL 50 MONKTON ROAD VERGENNES, VT 05491	03-6003833	MUNICIPAL	12,850				GEN SUPPORT

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VERMONT ACHIEVEMENT CENTER INC 88 PARK STREET RUTLAND, VT 05701	03-0179407	501(C)(3)	7,500				GEN SUPPORT
VERMONT AFTERSCHOOL INC 123 ETHAN ALLEN AVE DUPONT HALL 309 309 COLCHESTER, VT 05446	32-0399970	501(C)(3)	185,000				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VERMONT ARTS COUNCIL 136 STATE STREET MONTPELIER, VT 05633	03-0218115	501(C)(3)	28,372				GEN SUPPORT
VERMONT ARTS EXCHANGE PO BOX 725 N BENNINGTON, VT 05257	03-0343015	501(C)(3)	19,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VERMONT ASSOC FOR THE BLIND & VISUALLY IMPAIRED (VABVI) 60 KIMBALL AVENUE SO BURLINGTON, VT 05403	03-6000834	501(C)(3)	10,400				GEN SUPPORT
VERMONT ASSOCIATION FOR MENTAL HEALTH & ADDICTION RECOVERY 100 STATE STREET SUITE 352 MONTPELIER, VT 05602	03-0226306	501(C)(3)	10,250				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CENTER FOR ECOSTUDIES 20 PALMER COURT 2ND FLOOR PO BOX 420 NORWICH, VT 05055	51-0639429	501(C)(3)	9,750				GEN SUPPORT
VERMONT COMMONS SCHOOL 75 GREEN MOUNTAIN DRIVE SOUTH BURLINGTON, VT 05403	04-3371660	501(C)(3)	6,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COMMUNITY GARDEN NETWORK INC 12 NORTH STREET SUITE 5 BURLINGTON, VT 05401	31-1783597	501(C)(3)	22,500				GEN SUPPORT
VERMONT COMMUNITY LOAN FUND 15 STATE STREET SUITE 101 PO BOX 827 MONTPELIER, VT 05601	22-2864900	501(C)(3)	11,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CONTEMPORARY MUSIC ENSEMBLE 68 WILKINS ROAD PO BOX 67 FAIRFAX, VT 054540067	22-2965024	501(C)(3)	6,000				GEN SUPPORT
VERMONT COUNCIL ON RURAL DEVELOPMENT 43 STATE STREET SUITES 2 3 PO BOX 1384 MONTPELIER, VT 056011384	03-0354510	501(C)(3)	135,750				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 COUNCIL ON WORLD AFFAIRS 60 MAIN STREET 100 BURLINGTON, VT 05401	03-6010787	501(C)(3)	10,000				GEN SUPPORT
VERMONT COVERTS WOODLANDS FOR WILDLIFE PO BOX 328 VERGENNES, VT 054910328	03-0332447	501(C)(3)	19,903				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 FAMILY FORESTS FOUNDATION INC 14 SCHOOL STREET PO BOX 254 BRISTOL, VT 05443	20-3294728	501(C)(3)	362,238				GEN SUPPORT
VERMONT FARMERS FOOD CENTER 251 WEST ST RUTLAND VT PO BOX 1008 RUTLAND, VT 05701	45-5293058	501(C)(3)	7,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 FOLKLIFE CENTER 88 MAIN STREET MIDDLEBURY, VT 057531453	22-2550951	501(C)(3)	16,375				GEN SUPPORT
VERMONT FOODBANK INC 33 PARKER ROAD WILSON INDUSTRIAL PARK BARRE, VT 05641	22-3021942	501(C)(3)	98,150				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 HISTORICAL SOCIETY 60 WASHINGTON STREET BARRE, VT 05641	03-0179602	501(C)(3)	10,000				GEN SUPPORT
VERMONT HUMANITIES COUNCIL 11 LOOMIS STREET MONTPELIER, VT 05602	51-0187809	501(C)(3)	146,829				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 INSTITUTE OF NATURAL SCIENCE (VINS) 149 NATURES WAY PO BOX 1281 QUECHEE, VT 05059	03-0231665	501(C)(3)	15,574				GEN SUPPORT
VERMONT JOURNALISM TRUST 26 STATE STREET SUITE 8 MONTPELIER, VT 05602	27-1553931	501(C)(3)	52,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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				GEN SUPPORT
VERMONT LAW SCHOOL 164 CHELSEA STREET PO BOX 96 SOUTH ROYALTON, VT 05068	23-7251952	501(C)(3)	10,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 LONG-TERM DISASTER RECOVERY GROUP INC PO BOX 843 MONTPELIER, VT 05601	45-3660551	501(C)(3)	85,000				GEN SUPPORT
VERMONT NATURAL RESOURCES COUNCIL 9 BAILEY AVENUE MONTPELIER, VT 05602	03-0223731	501(C)(3)	25,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 PBS 204 ETHAN ALLEN AVENUE COLCHESTER, VT 05446	22-2990644	501(C)(3)	21,435				GEN SUPPORT
VERMONT PRINCIPALS' ASSOCIATION INC 2 PROSPECT STREET SUITE 3 MONTPELIER, VT 05602	03-6006002	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 PUBLIC INTEREST RESEARCH & EDUCATION (VPIREF) 141 MAIN STREET SUITE 6 MONTPELIER, VT 05602	51-0163801	501(C)(3)	9,500				GEN SUPPORT
VERMONT PUBLIC LIBRARY FOUNDATION 109 STATE STREET MONTPELIER, VT 05609	03-0366848	501(C)(3)	13,277				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 PUBLIC RADIO 365 TROY AVENUE COLCHESTER, VT 05446	03-0259051	501(C)(3)	81,431				GEN SUPPORT
VERMONT RECOVERY NETWORK PO BOX 244 MONTPELIER, VT 05601	32-0251343	501(C)(3)	10,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 RIVER CONSERVANCY INC 29 MAIN STREET SUITE 11 MONTPELIER, VT 05602	03-0347147	501(C)(3)	29,918				GEN SUPPORT
VERMONT SCHOLARSHIP FUND VERMONT STUDENT ASSISTANCE CORPORATION PO BOX 2000 WINOOSKI, VT 054042601	03-0367034	501(C)(3)	30,250				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 STAGE COMPANY 110 MAIN STREET BURLINGTON, VT 05401	03-0342411	501(C)(3)	10,250				GEN SUPPORT
VERMONT STATE 4-H FOUNDATION INC 86 SUMMER STREET SUITE 1 BARRE, VT 05641	03-6010151	501(C)(3)	7,152				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 STATE COLLEGES PO BOX 7 MONTPELIER, VT 05601	03-0213787	501(C)(3)	82,850				GEN SUPPORT
VERMONT STUDIO CENTER 80 PEARL STREET JOHNSON, VT 05656	22-2478074	501(C)(3)	18,659				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 SUSTAINABLE JOBS FUND 3 PITKIN COURT SUITE 301E MONTPELIER, VT 05602	03-0349736	501(C)(3)	41,000				GEN SUPPORT
VERMONT SYMPHONY ORCHESTRA INC 2 CHURCH STREET SUITE 3B BURLINGTON, VT 05401	03-0222134	501(C)(3)	21,659				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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				GEN SUPPORT
VERMONT WORKS FOR WOMEN INC 32A MALLETT'S BAY AVENUE WINOOSKI, VT 05404	22-2894557	501(C)(3)	211,955				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 YOUTH CONSERVATION CORPS (VYCC) 1949 EAST MAIN STREET RICHMOND, VT 05477	03-0328834	501(C)(3)	53,449				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				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VERMONTERS FOR A CLEAN ENVIRONMENT INC 789 BAKER BROOK RD DANBY, VT 05739	03-0362871	501(C)(3)	27,000				GEN SUPPORT
VISITING NURSE ASSOCIATION AND HOSPICE OF VT AND NH PO BOX 881 BRATTLEBORO, VT 05302	03-6006494	501(C)(3)	8,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VITAL COMMUNITIES 195 NORTH MAIN STREET WHITE RIVER JUNCTION, VT 05001	03-0355283	501(C)(3)	22,500				GEN SUPPORT
VSA VERMONT 21 CARMICHAEL STREET STE206 ESSEX JUNCTION, VT 05452	03-0307529	501(C)(3)	52,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WEST CENTRAL SERVICES INC C/O WEST CENTRAL BEHAVIORAL HEALTH 9 HANOVER STREET SUITE 2 LEBANON, NH 03766	22-2645978	501(C)(3)	10,000				GEN SUPPORT
WESTON PLAYHOUSE THEATRE COMPANY 703 MAIN STREET WESTON, VT 05161	22-2970343	501(C)(3)	118,000				GEN SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WINDHAM FOUNDATION INC PO BOX 70 GRAFTON, VT 05146	13-6142024	501(C)(3)	340,000				GEN SUPPORT
WINDHAM REGIONAL CAREER CENTER 80 ATWOOD ST BRATTLEBORO, VT 05301	03-6003502	501(C)(3)	60,000				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WINDMILL HILL PINNACLE ASSOCIATION PO BOX 584 SAXTONS RIVER, VT 05154	03-0334367	501(C)(3)	114,623				GEN SUPPORT
WINSTON L PROUTY CENTER FOR CHILD DEVELOPMENT 209 AUSTINE DRIVE VERMONT HALL BRATTLEBORO, VT 05301	03-0229781	501(C)(3)	61,298				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMEN'S INFORMATION SERVICE (WISE) 38 BANK STREET LEBANON, NH 037881092	02-0346512	501(C)(3)	9,000				GEN SUPPORT
WOMENSAFE INC PO BOX 67 MIDDLEBURY, VT 05753	22-2921518	501(C)(3)	20,608				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WONDER & WISDOM INC DBA WONDERARTS VERMONT PO BOX 300 GREENSBORO, VT 05841	05-0501353	501(C)(3)	11,000				GEN SUPPORT
WOODSTOCK AREA COUNCIL ON AGING (DBA THE THOMPSON SENIOR CENTER) 99 SENIOR LANE WOODSTOCK, VT 05091	03-0295419	501(C)(3)	10,500				GEN SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 PO BOX 6008 BRATTLEBORO, VT 053026008	03-0287694	501(C)(3)	6,216				GEN SUPPORT

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ <b>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> ▶ <b>Attach to Form 990.</b> ▶ <b>Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>		OMB No 1545-0047
			2018
			Open to Public Inspection
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				Yes	No
<b>1a</b>	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  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)                 </div> </div>				
<b>b</b>	If any of the boxes in 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	<b>1b</b>			
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>			
<b>3</b>	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  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </div> <div style="width: 48%;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>				
<b>4</b>	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  <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> 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	<b>4a</b>			No
		<b>4b</b>			No
		<b>4c</b>			No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>					
<b>5</b>	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  <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5a</b>			No
		<b>5b</b>			No
<b>6</b>	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  <b>a</b> The organization? <b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6a</b>			No
		<b>6b</b>			No
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>			No
<b>8</b>	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	<b>8</b>			No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>			

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 are not listed on Form 990, Part VII.

[illegible]

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►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 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

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

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 is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

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?

Yes

No

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

Yes

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

33

**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.

Return Reference	Explanation
PART I, 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

Name of the organization

THE VERMONT COMMUNITY FOUNDATION

**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****Employer identification number**

22-2712160

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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, COMPOSITION, 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 COMMITTEE IS A NON-BOARD COMMITTEE EVEN THOUGH UP TO FOUR DIRECTORS MAY SERVE ON THE COMMITTEE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS ELECT THE BOARD OF DIRECTORS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE, AUDIT AND RISK (FAR) COMMITTEE, COMPRISED OF MEMBERS OF THE BOARD OF DIRECTOR S OF THE FOUNDATION, RECEIVE AND REVIEW A COPY OF THE FORM 990 THE FAR COMMITTEE DISCUSSE S 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>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 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 FOUNDAT ION PROVIDES ITS ARTICLES OF INCORPORATION, BYLAWS, AND FORM 1023 UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACTUARIAL CHANGE -364,580    REFUNDED PRIOR YEAR GRANTS 17,112

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  
THE VERMONT COMMUNITY FOUNDATION

Employer identification number  
22-2712160

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) 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
(1)THE HIGH MEADOWS FUND INC 3 COURT STREET  MIDDLEBURY, VT 05753 20-0288123	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	Yes	
(2)J WARREN AND LOIS MCCLURE FOUNDATION INC 3 COURT STREET  MIDDLEBURY, VT 05753 03-0345186	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	Yes	
(3)LET'S GROW KIDS INC 3 COURT STREET  MIDDLEBURY, VT 05753 31-1802348	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	Yes	
(4)ADDISON COMMUNITY ATHLETICS FOUNDATION INC 3 COURT STREET  MIDDLEBURY, VT 05753 46-1164975	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	Yes	
(5)THE CURTIS FUND INC 3 COURT STREET  MIDDLEBURY, VT 05753 03-6009912	SUPPORT THE VERMONT COMMUNITY FOUNDATION	VT	501(C)(3)	509(A)(3) TYPE 1	VERMONT COMMUNITY FOUNDATION	Yes	

**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
(1) CHARITABLE REMAINDER UNITRUSTS (6)	SPLIT INTEREST AGREEMENTS	VT	N/A	T					No
(2) CHARITABLE REMAINDER ANNUITY TRUST (1)	SPLIT INTEREST AGREEMENTS	VT	N/A	T					No

**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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

No

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

s Other transfer of cash or property from related organization(s) . . . . .

1s

No

**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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 22-2712160  
Name: THE VERMONT COMMUNITY FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

(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
(1)	HIGH MEADOWS FUND INC	L	103,400	FMV
(2)	J WARREN AND LOIS MCCLURE FOUNDATION INC	L	109,705	FMV
(3)	LET'S GROW KIDS INC	B	526,750	FMV
(4)	ADDISON COMMUNITY ATHLETICS FOUNDATION INC	L	25,000	FMV
(5)	ADDISON COMMUNITY ATHLETICS FOUNDATION INC	B	236,328	FMV
(6)	HIGH MEADOWS FUND INC	B	199,425	FMV
(7)	CURTIS FUND INC	L	25,399	FMV
(8)	CURTIS FUND INC	B	5,000	FMV
(9)	J WARREN AND LOIS MCCLURE FOUNDATION INC	B	40,000	FMV