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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

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

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

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 ▶

D Employer identification number
22-2712160

E Telephone number
(802) 388-3355

G Gross receipts \$ 168,785,027

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) | 12 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 12 |
| 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 31 |
| 6 | Total number of volunteers (estimate if necessary) | 29 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 27,955 |
| 7b | Net unrelated business taxable income from Form 990-T, line 39 | 20,887 |

Revenue

| | Prior Year | Current Year |
|----|--|--------------|
| 8 | Contributions and grants (Part VIII, line 1h) | 21,117,504 |
| 9 | Program service revenue (Part VIII, line 2g) | 509,702 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 11,924,342 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -11,499 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 33,540,049 |

Expenses

| | | | |
|--|---|------------|------------|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 15,637,389 | 22,423,516 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 2,838,135 | 2,954,187 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶788,995 | | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 2,665,537 | 3,185,161 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 21,141,061 | 28,562,864 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 12,398,988 | 2,932,961 |

Net Assets or Fund Balances

| | Beginning of Current Year | End of Year |
|----|--|-------------|
| 20 | Total assets (Part X, line 16) | 254,491,126 |
| 21 | Total liabilities (Part X, line 26) | 11,433,140 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 243,057,986 |

Part II

Signature Block

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

Sign Here

Signature of officer

DEBRA DABROWSKI ROONEY V.P. FOR FINANCE & CFO

Type or print name and title

2020-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-11-11

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

WEST HARTFORD, CT 061272000

Phone no. (860) 561-4000

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 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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.

| | | | | | |
|---------------------|-----------------------|------------|------------------------|--------------------------|---------|
| 4a | (Code:) (Expenses \$ | 22,610,474 | including grants of \$ | 21,482,834) (Revenue \$ | 7,200) |
| See Additional Data | | | | | |

| | | | | | |
|---------------------|-----------------------|---------|------------------------|-----------------------|-----------|
| 4b | (Code:) (Expenses \$ | 940,682 | including grants of \$ | 940,682) (Revenue \$ | 526,589) |
| See Additional Data | | | | | |

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

4d Other program services (Describe in Schedule O.)

| | | | |
|--------------|------------------------|---------------|---|
| (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
|--------------|------------------------|---------------|---|

| | | |
|-----------|---|------------|
| 4e | Total program service expenses ▶ | 23,551,156 |
|-----------|---|------------|

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|-----------|--|---------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 59 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c Yes | |

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

| | | | | | |
|--|------------|----|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 31 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | 3b | Yes | |
| 4a 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)? | | | 4a | | No |
| 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). | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | Yes | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | Yes | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a 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? | | | 7a | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 0 | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | No |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | No |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | No |
| 10 Section 501(c)(7) organizations. Enter: | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | |
| a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | 12a | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c Enter the amount of reserves on hand | 13c | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | 14b | | |
| 15 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. | | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 16 | | 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 |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 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 Enter the number of voting members included in line 1a, above, who are independent | 1b 12 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

| | Yes | No |
|---|------------|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | Yes |
| 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? | 10b | Yes |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| 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? | 16b | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **VT**

18 Section 6104 requires an organization to make its 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶DEBRA DABROWSKI 3 COURT STREET MIDDLEBURY,VT 05753 (802) 388-3355

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.

See instructions for the order in which to list the persons above.

☐ 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) DAN SMITH PRESIDENT & CEO | 46.00 4.00 | | | X | | | | 197,664 | 0 | 45,511 |
| (2) DEBRA DABROWSKI CFO AND VP FOR FINANCE & O | 45.00 5.00 | | | X | | | | 140,997 | 0 | 28,879 |
| (3) FELIPE RIVERA CHIEF OF STAFF & VP FOR ST | 50.00 0.00 | | | X | | | | 133,970 | 0 | 34,121 |
| (4) SARAH WARING VP FOR GRANTS AND COMMUNITY INVESTMENT | 48.00 | | | X | | | | 117,193 | 0 | 29,386 |
| (5) STACIE FAGAN VP FOR PHILANTHROPY | 48.00 | | | X | | | | 109,296 | 0 | 33,704 |
| (6) DAVID MORRISSEY CONTROLLER | 40.00 | | | | | X | | 105,871 | 0 | 5,158 |
| (7) PATRICK BERRY VP FOR PHILANTHROPY (FORMER) | 50.00 0.00 | | | X | | | | 70,794 | 0 | 1,540 |
| (8) MARGARET SEELY CHAIR | 8.00 | X | | X | | | | 0 | 0 | 0 |
| (9) CAROLYN DWYER VICE CHAIR | 8.00 | X | | X | | | | 0 | 0 | 0 |
| (10) ALLYSON LAACKMAN TREASURER | 4.00 | X | | X | | | | 0 | 0 | 0 |
| (11) SPENCER KNAPP SECRETARY | 4.00 | X | | X | | | | 0 | 0 | 0 |
| (12) JAMES G WHEELER JR DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (13) PETER KINDER DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (14) MICHAEL M METZ DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (15) LISA CASHDAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (16) BETSY RATHBUN-GUNN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (17) TIM VOLK DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |

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) MARK FOLEY JR DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (19) WILL STEVENS DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (20) HAL COLSTON DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (21) KATHY AUSTIN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | | |
|--|---|---------|---|---------|
| 1b Sub-Total | ▶ | | | |
| c Total from continuation sheets to Part VII, Section A | ▶ | | | |
| d Total (add lines 1b and 1c) | ▶ | 875,785 | 0 | 178,299 |

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 ▶ **6**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | No |
| 4 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? If "Yes," complete Schedule J for such individual | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | 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 |
|---|--------------------------------|---------------------|
| GENERATION INVESTMENT MANAGEMENT US 555 MISSION STREET SUITE 3400 SAN FRANCISCO, CA 94105 | INVESTMENT MANAGER | 322,904 |
| COLONIAL CONSULTING 750 THIRD AVENUE 20TH FLOOR NEW YORK, NY 10017 | INVESTMENT CONSULTANT | 196,562 |
| FOCUSED INVESTORS FUND LP 1999 AVENUE OF THE STARS LOS ANGELES, CA 90067 | INVESTMENT MANAGER | 117,640 |
| SANDERSON ASSET MANAGEMENT INC 250 SOUTH WACKER DRIVE SUITE 220 CHICAGO, IL 60606 | INVESTMENT MANAGER | 116,252 |

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 (2019) | | | | | | | | | | Page 9 | | | |
| Part VIII Statement of Revenue | | | | | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | <input type="checkbox"/> | | | |
| | | | | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | 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 | 219,669 | | | | | | | | | |
| | d Related organizations | | 1d | 62,000 | | | | | | | | | |
| | e Government grants (contributions) | | 1e | | | | | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | | 1f | 21,253,100 | | | | | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | | 1g | 13,167,640 | | | | | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 21,534,769 | | | | | | | | | | |
| Program Service Revenue | | | Business Code | | | | | | | | | | |
| | 2a MANAGEMENT FEES | | 561000 | 526,589 | | 526,589 | | | | | | | |
| | b DUES | | 561000 | 7,200 | | 7,200 | | | | | | | |
| | c | | | | | | | | | | | | |
| | d | | | | | | | | | | | | |
| | e | | | | | | | | | | | | |
| | f All other program service revenue. | | | | | | | | | | | | |
| | g Total. Add lines 2a-2f. ▶ | | 533,789 | | | | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 3,677,338 | | | | 17,360 | | 3,659,978 | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | | | | | | | |
| | 5 Royalties ▶ | | | | | | | | | | | | |
| | | | (i) Real | (ii) Personal | | | | | | | | | |
| | 6a Gross rents | | 6a | | | | | | | | | | |
| | b Less: rental expenses | | 6b | | | | | | | | | | |
| | c Rental income or (loss) | | 6c | | | | | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | | | | | | | |
| | | | (i) Securities | (ii) Other | | | | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | | 7a | 142,955,932 | | | | | | | | | |
| | b Less: cost or other basis and sales expenses | | 7b | 137,172,202 | | | | | | | | | |
| | c Gain or (loss) | | 7c | 5,783,730 | | | | | | | | | |
| | d Net gain or (loss) ▶ | | | 5,783,730 | | | | 10,595 | | 5,773,135 | | | |
| | 8a Gross income from fundraising events (not including \$ 219,669 of contributions reported on line 1c). See Part IV, line 18 | | 8a | 83,199 | | | | | | | | | |
| | b Less: direct expenses | | 8b | 117,000 | | | | | | | | | |
| | c Net income or (loss) from fundraising events . . . ▶ | | | -33,801 | | | | | | -33,801 | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | | | | | | | |
| | b Less: direct expenses | | 9b | | | | | | | | | | |
| | c Net income or (loss) from gaming activities . . . ▶ | | | | | | | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances . . . | | 10a | | | | | | | | | | |
| b Less: cost of goods sold . . . | | 10b | | | | | | | | | | | |
| c Net income or (loss) from sales of inventory . . . ▶ | | | | | | | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | | | | | | |
| 11a | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | |
| c | | | | | | | | | | | | | |
| d All other revenue | | | | | | | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | | | | | | | | | |
| 12 Total revenue. See instructions ▶ | | | 31,495,825 | | 533,789 | | 27,955 | | 9,399,312 | | | | |

Form 990 (2019)

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 |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 22,320,150 | 22,320,150 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 103,366 | 103,366 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,054,084 | 204,229 | 631,674 | 218,181 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,428,474 | 404,721 | 682,607 | 341,146 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 39,667 | 11,780 | 17,901 | 9,986 |
| 9 Other employee benefits | 243,150 | 82,960 | 119,649 | 40,541 |
| 10 Payroll taxes | 188,812 | 46,470 | 100,234 | 42,108 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 29,532 | | 29,532 | |
| c Accounting | 48,000 | | 48,000 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 1,816,142 | | 1,816,142 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 332,127 | 92,240 | 239,887 | |
| 12 Advertising and promotion | 146,753 | 103,458 | 36,313 | 6,982 |
| 13 Office expenses | 73,677 | 11,234 | 49,225 | 13,218 |
| 14 Information technology | 177,296 | 47,376 | 97,354 | 32,566 |
| 15 Royalties | | | | |
| 16 Occupancy | 112,883 | 30,478 | 62,086 | 20,319 |
| 17 Travel | 68,981 | 17,758 | 26,503 | 24,720 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 109,827 | 15,425 | 83,299 | 11,103 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 91,480 | 24,700 | 50,314 | 16,466 |
| 23 Insurance | 33,282 | | 33,282 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a COMMUNICATIONS | 69,555 | 23,811 | 34,085 | 11,659 |
| b PROFESSIONAL DEVELOPMEN | 37,547 | | 37,547 | |
| c DUES | 36,521 | 11,000 | 25,521 | |
| d MISCELLANEOUS | 1,558 | | 1,558 | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 28,562,864 | 23,551,156 | 4,222,713 | 788,995 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|-----------|
| Assets | 1 | Cash—non-interest-bearing | | 9,947,926 | 1 | 8,962,884 | |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | 55,313 | 3 | 90,030 | |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | 7 | 89,975 | |
| | 8 | Inventories for sale or use | | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | 108,253 | 9 | 93,637 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 2,479,922 | | | |
| | b | Less: accumulated depreciation | 10b | 1,182,274 | 1,348,340 | 10c | 1,297,648 |
| | 11 | Investments—publicly traded securities | | 73,514,072 | 11 | 91,073,102 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 158,003,990 | 12 | 176,572,179 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 11,175,630 | 13 | 11,671,019 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 337,602 | 15 | 325,238 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 254,491,126 | 16 | 290,175,712 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 207,768 | 17 | 262,818 | |
| | 18 | Grants payable | | 1,513,117 | 18 | 1,103,070 | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 9,712,255 | 25 | 10,148,316 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 11,433,140 | 26 | 11,514,204 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 232,715,459 | 27 | 266,182,967 | |
| | 28 | Net assets with donor restrictions | | 10,342,527 | 28 | 12,478,541 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| | 32 | Total net assets or fund balances | | 243,057,986 | 32 | 278,661,508 | |
| 33 | Total liabilities and net assets/fund balances | | 254,491,126 | 33 | 290,175,712 | | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 31,495,825 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 28,562,864 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,932,961 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 243,057,986 |
| 5 | Net unrealized gains (losses) on investments | 5 | 33,643,852 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -973,291 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 278,661,508 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----|----|
| 1 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. | | |
| 2a 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 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 | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| 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 (2019)

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, 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 2019, THE FOUNDATION HAD NEARLY \$35 MILLION AT WORK IN THE COMMUNITY THROUGH GRANTS, MISSION INVESTMENTS, AND PROGRAMMATIC ACTIVITY.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 2019 RESULTING IN SUPPORTING FEE REVENUE AND GRANTS TO THESE SUPPORTING ORGANIZATIONS TO FURTHER THEIR MISSION.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 | | | | | | |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|------------|------------|------------|------------|------------|-------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 33,760,478 | 28,597,241 | 15,421,954 | 21,117,504 | 21,534,769 | 120,431,946 |
| 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 | Total. Add lines 1 through 3 | 33,760,478 | 28,597,241 | 15,421,954 | 21,117,504 | 21,534,769 | 120,431,946 |
| 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). . . | | | | | | 28,434,307 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 91,997,639 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|------------|------------|------------|------------|------------|-------------|
| 7 | Amounts from line 4. . . . | 33,760,478 | 28,597,241 | 15,421,954 | 21,117,504 | 21,534,769 | 120,431,946 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,267,560 | 2,728,073 | 2,720,119 | 3,508,416 | 3,659,978 | 14,884,146 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on . . . | | | | | 20,887 | 20,887 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 135,336,979 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,381,354 |

13 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

| | | | |
|-----------|--|-----------|----------|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 67.980 % |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 69.090 % |

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b 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. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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 |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 1 | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 2 | | |
| 3a 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> | | |
| 3a | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3b | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 3c | | |
| 4a 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> | | |
| 4a | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4b | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 4c | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 5a | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5b | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 5c | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 6 | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i> | | |
| 7 | | |
| 8 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> | | |
| 8 | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9a | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 10a | | |
| 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> | | |
| 10b | | |

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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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. | | |
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V

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

| | | | |
|---|--|----------------|-----------------------------|
| <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). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div> | | | |
| Section A - Adjusted Net Income | | (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 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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 | 29,715 | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 1,000 | 51,268 | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 1,000 | 80,983 | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 28,561,864 | 39,150,744 | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 28,562,864 | 39,231,727 | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000 | 1,000,000 | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 39,418 | 107,943 | 38,443 | 80,983 | 266,787 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | 24,418 | 9,389 | 11,315 | 29,715 | 74,837 |

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 |
| 1 | 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: | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | 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 |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

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."

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

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 |
|------------------|-------------|
|------------------|-------------|

TY 2019 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: 29,715
Total Direct Lobbying: 50,268
Total Lobbying Expenditures: 79,983
Other Exempt Purpose Expenditures: 5,576,450
Total Exempt Purpose Expenditures: 5,656,433
Lobbying Nontaxable Amount: 432,822
Grassroots Nontaxable Amount: 108,206
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: 2,110,159
Total Exempt Purpose Expenditures: 2,110,159
Lobbying Nontaxable Amount: 255,508
Grassroots Nontaxable Amount: 63,877
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

| | |
|--|--|
| Affiliated Group Business Name: | J WARREN AND LOIS MCCLURE FOUNDATION INC |
| Address. Either US or Foreign Type: | 3 COURT STREET MIDDLEBURY, VT 05753 |
| EIN: | 03-0345186 |
| Electing Organization Checkbox: | <input checked="" type="checkbox"/> |
| Total Grassroots Lobbying: | 0 |
| Total Direct Lobbying: | 0 |
| Total Lobbying Expenditures: | 0 |
| Other Exempt Purpose Expenditures: | 874,344 |
| Total Exempt Purpose Expenditures: | 874,344 |
| Lobbying Nontaxable Amount: | 156,152 |
| Grassroots Nontaxable Amount: | 39,038 |
| Tot Lobbying Grassroot Minus Non Tx: | 0 |
| Tot Lobby Expend Mns Lobbying Non Tx: | 0 |
| Share Of Excess Lobbying: | 0 |
| Affiliated Group Business Name: | ADDISON COMMUNITY ATHLETICS FOUNDATION INC |
| Address. Either US or Foreign Type: | 3 COURT STREET MIDDLEBURY, VT 05753 |
| EIN: | 46-1164975 |
| Electing Organization Checkbox: | <input type="checkbox"/> |
| Total Grassroots Lobbying: | 0 |
| Total Direct Lobbying: | 0 |
| Total Lobbying Expenditures: | 0 |
| Other Exempt Purpose Expenditures: | 278,951 |
| Total Exempt Purpose Expenditures: | 278,951 |
| Lobbying Nontaxable Amount: | 55,790 |
| Grassroots Nontaxable Amount: | 13,948 |
| Tot Lobbying Grassroot Minus Non Tx: | 0 |
| Tot Lobby Expend Mns Lobbying Non Tx: | 0 |
| Share Of Excess Lobbying: | 0 |

Affiliated Group Business Name: CURTIS FUND INC
Address. Either US or Foreign Type: 3 COURT STREET
MIDDLEBURY, VT 05753
EIN: 03-6009912

Electing Organization Checkbox: ☐

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 1,748,976

Total Exempt Purpose Expenditures: 1,748,976

Lobbying Nontaxable Amount: 237,449

Grassroots Nontaxable Amount: 59,362

**Tot Lobbying Grassroot Minus Non
Tx:** 0

**Tot Lobby Expend Mns Lobbying Non
Tx:** 0

Share Of Excess Lobbying: 0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 | 284 | |
| 2 Aggregate value of contributions to (during year) | 11,859,567 | |
| 3 Aggregate value of grants from (during year) | 14,905,761 | |
| 4 Aggregate value at end of year | 117,204,994 | |

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 |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 238,478,372 | 249,470,508 | 192,035,450 | 165,766,319 | 153,295,488 |
| b Contributions | 21,489,463 | 21,030,338 | 44,389,827 | 28,756,452 | 33,858,087 |
| c Net investment earnings, gains, and losses | 41,759,779 | -11,551,583 | 31,089,013 | 14,497,960 | -2,279,585 |
| d Grants or scholarships | 22,567,095 | 15,813,693 | 13,653,752 | 13,538,920 | 15,395,690 |
| e Other expenditures for facilities and programs | 3,174,595 | 3,175,173 | 2,744,204 | 2,376,124 | 2,541,129 |
| f Administrative expenses | 1,838,077 | 1,482,025 | 1,645,826 | 1,070,237 | 1,170,851 |
| g End of year balance | 274,147,847 | 238,478,372 | 249,470,508 | 192,035,450 | 165,766,319 |

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

a Board designated or quasi-endowment ▶ 95.000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶ 5.000 %

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | | No |
| 3b | | |

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

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 2,027,857 | 776,062 | 1,251,795 |
| c Leasehold improvements | | 14,571 | 8,009 | 6,562 |
| d Equipment | | 437,494 | 398,203 | 39,291 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 1,297,648 |

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 | 37,371,446 | F |
| (B) DOMESTIC EQUITY | 72,124,947 | F |
| (C) GLOBAL EQUITY | 29,124,843 | F |
| (D) HEDGED EQUITY | 27,321,861 | F |
| (E) PRIVATE EQUITY | 10,629,082 | F |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 176,572,179 | |

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.

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 10,148,316 |

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.

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

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.

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

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 | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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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) | 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 for instructions and the latest information. | OMB No. 1545-0047 2019 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 **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 42,121,439 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 42,121,439 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 42,121,439 |

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

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

| | |
|-----------------|---|
| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. |
|-----------------|---|

Part III can be duplicated if additional space is needed.

[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.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE VERMONT COMMUNITY FOUNDATION

Employer identification number
22-2712160

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| | | | | | | |
| Total ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|--|--------------|------------------|------------------------------------|
| | | VERMONT WOMEN'S FUND FUNDRAISERS (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | | | | | |
| | 1 Gross receipts | 302,868 | | | 302,868 |
| | 2 Less: Contributions | 219,669 | | | 219,669 |
| | 3 Gross income (line 1 minus line 2) | 83,199 | | | 83,199 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 18,186 | | | 18,186 |
| | 7 Food and beverages | 13,229 | | | 13,229 |
| | 8 Entertainment | 57,669 | | | 57,669 |
| | 9 Other direct expenses | 27,916 | | | 27,916 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 117,000 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -33,801 | |

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 | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| Direct Expenses | 6 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 | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

| | | | |
|------------|--|------------------------------|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ► | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 ► | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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)

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 for the latest information.

OMB No. 1545-0047

2019

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 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 ▶ 428

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 | 70,116 | 0 | FMV | |
| (2) ART AWARDS | 12 | 18,250 | 0 | FMV | |
| (3) COMMUNITY LEADERSHIP | 1 | 15,000 | 0 | 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 350 VERMONT 170 S WINOOSKI AVENUE SUITE 201 BURLINGTON, VT 05401 | 46-3647561 | 501(C)(3) | 7,050 | | | | GEN. PURPOSE |
| ACADEMY FOR SYSTEMS CHANGE PO BOX 14593 BURLINGTON, VT 05406 | 02-0492913 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 CENTRAL SCHOOL DISTRICT 49 CHARLES AVENUE MIDDLEBURY, VT 05753 | 03-6000335 | MUNICIPAL | 12,440 | | | | GEN. PURPOSE |
| ADDISON COMMUNITY ATHLETICS FOUNDATION 3 COURT STREET MIDDLEBURY, VT 05753 | 46-1164975 | 501(C)(3) | 247,432 | | | | GEN. PURPOSE |

| 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 COMMUNITY ACTION GROUP (HOPE) 282 BOARDMAN STREET SUITE 1A MIDDLEBURY, VT 05753 | 23-7393720 | 501(C)(3) | 26,800 | | | | GEN. PURPOSE |
| ADDISON COUNTY COMMUNITY TRUST 272 MAIN STREET VERGENNES, VT 054910311 | 22-3032009 | 501(C)(3) | 14,500 | | | | GEN. PURPOSE |

| 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 PARENTHILD CENTER 126 MONROE STREET MIDDLEBURY, VT 05753 | 03-0280370 | 501(C)(3) | 20,800 | | | | GEN. PURPOSE |
| ADDISON COUNTY PARENTHILD CENTER 126 MONROE STREET MIDDLEBURY, VT 05753 | 84-1968545 | 501(C)(3) | 27,000 | | | | GEN. PURPOSE |

| 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 |
| ADIRONDACK COUNCIL PO BOX D- 2 ELIZABETHTOWN, NY 12932 | 14-1594386 | 501(C)(3) | 20,500 | | | | GEN. PURPOSE |
| ADVANCE TRANSIT PO BOX 1027 WILDER, VT 05088 | 22-2558708 | 501(C)(3) | 22,000 | | | | GEN. PURPOSE |

| 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 |
| AGE WELL 76 PEARL STREET SUITE 201 ESSEX JUNCTION, VT 05452 | 22-2474636 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |
| ALBANY COMMUNITY TRUST INC 842 MAIN STREET ALBANY, VT 05820 | 82-4708126 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| ALDRICH MEMORIAL ASSOCIATION INC PO BOX 94 CALAIS, VT 05648 | 23-7134937 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |
| ALDRICH PUBLIC LIBRARY 6 WASHINGTON STREET BARRE, VT 05641 | 03-0179303 | 501(C)(3) | 5,452 | | | | GEN. PURPOSE |

| 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 |
| ALL BREED RESCUE 491 INDUSTRIAL AVENUE WILLISTON, VT 05495 | 26-3849438 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| ALLIANCE FOR CLIMATE EDUCATION 4696 BROADWAY SUITE 2 BOULDER, CO 80304 | 26-3106566 | 501(C)(3) | 60,000 | | | | GEN. PURPOSE |

| 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 VERMONT COMMUNITIES PO BOX 545 SOUTH ROYALTON, VT 05068 | 81-3430662 | 501(C)(3) | 7,750 | | | | GEN. PURPOSE |
| ALLIED ARTISTS OF AMERICA C/O SALMAGUNDI CLUB 47 FIFTH AVE NEW YORK, NY 10003 | 13-6116201 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |

| 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 ASSOCIATION OF SUICIDOLOGY 5221 WISCONSIN AVENUE NW WASHINGTON, DC 20015 | 95-2930701 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF VERMONT PO BOX 277 MONTPELIER, VT 05601 | 23-7123046 | 501(C)(3) | 31,800 | | | | GEN. PURPOSE |

| 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 MORGAN HORSE EDUCATIONAL CHARITABLE TRUST 4066 SHELBURNE ROAD SUITE 5 SHELBURNE, VT 054824904 | 30-6041200 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |
| AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037 | 53-0196605 | 501(C)(3) | 14,500 | | | | GEN. PURPOSE |

| 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 OPERA HOUSE INC 6 NORTH MAIN STREET BARRE, VT 05641 | 03-0270440 | 501(C)(3) | 10,516 | | | | GEN. PURPOSE |
| BARRE PRESBYTERIAN CHURCH 19 SEMINARY STREET BARRE, VT 05641 | 03-0253496 | RELIGIOUS | 6,030 | | | | GEN. PURPOSE |

| 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 |
| BEAVER MEADOW SCHOOL PTO 40 SEWALLS FALLS ROAD CONCORD, NH 03301 | 02-0331758 | 501(C)(3) | 40,000 | | | | GEN. PURPOSE |
| BENNINGTON COALITION FOR THE HOMELESS PO BOX 4736 BENNINGTON, VT 05201 | 03-0346663 | 501(C)(3) | 23,500 | | | | GEN. PURPOSE |

| 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) | 5,500 | | | | GEN. PURPOSE |
| BENNINGTON FREE LIBRARY 101 SILVER STREET BENNINGTON, VT 05201 | 03-0181067 | 501(C)(3) | 17,891 | | | | GEN. PURPOSE |

| 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 MUSEUM INC 75 MAIN STREET BENNINGTON, VT 05201 | 03-0185292 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |
| BIG BROTHERS BIG SISTERS OF VERMONT 60 AUSTINE DRIVE CROKER HALL BRATTLEBORO, VT 05302 | 81-4162286 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |

| 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 |
| BIRDS OF VERMONT MUSEUM 900 SHERMAN HOLLOW ROAD HUNTINGTON, VT 05462 | 03-0277302 | 501(C)(3) | 72,408 | | | | GEN. PURPOSE |
| BOY SCOUTS OF AMERICA - GREEN MOUNTAIN COUNCIL PO BOX 557 WATERBURY, VT 05676 | 03-0229256 | 501(C)(3) | 11,000 | | | | GEN. PURPOSE |

| 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 BURLINGTON 62 OAK STREET BURLINGTON, VT 05401 | 03-0179307 | 501(C)(3) | 41,262 | | | | GEN. PURPOSE |
| BOYS & GIRLS CLUB OF RUTLAND COUNTY 71-77 MERCHANTS ROW RUTLAND, VT 05702 | 31-1653365 | 501(C)(3) | 100,408 | | | | GEN. PURPOSE |

| 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 |
| BRADFORD PUBLIC LIBRARY 21 SOUTH MAIN STREET BRADFORD, VT 05033 | 03-0181210 | 501(C)(3) | 6,818 | | | | GEN. PURPOSE |
| BRAIN ARTS ORGANIZATION INC 1486 DORCHESTER AVE DORCHESTER, MA 02122 | 46-2199793 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| BRATTLEBORO AREA HOSPICE 191 CANAL STREET BRATTLEBORO, VT 05301 | 03-0274862 | 501(C)(3) | 5,100 | | | | GEN. PURPOSE |
| BRATTLEBORO HISTORICAL SOCIETY 230 MAIN STREET SUITE 301 BRATTLEBORO, VT 05301 | 03-0285167 | 501(C)(3) | 9,000 | | | | GEN. PURPOSE |

| 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 |
| BREAD LOAF MOUNTAIN MONASTERY PO BOX 818 MIDDLEBURY, VT 05753 | 82-0768267 | 501(C)(3) | 11,340 | | | | GEN. PURPOSE |
| BROC - COMMUNITY ACTION IN SOUTHWESTERN VERMONT 45 UNION STREET RUTLAND, VT 05701 | 03-0216505 | 501(C)(3) | 8,000 | | | | GEN. PURPOSE |

| 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 JEFFERSONVILLE, VT 054640340 | 03-0287574 | 501(C)(3) | 64,781 | | | | GEN. PURPOSE |
| BUILDING A LOCAL ECONOMY INC (BALE) 35 SOUTH WINDSOR STREET SOUTH ROYALTON, VT 05068 | 27-4850835 | 501(C)(3) | 17,000 | | | | GEN. PURPOSE |

| 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 |
| BURKLYN ARTS COUNCIL PO BOX 1056 LYNDONVILLE, VT 05851 | 23-7164267 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| BURLINGTON CITY ARTS FOUNDATION 135 CHURCH STREET BURLINGTON, VT 05401 | 03-0354963 | 501(C)(3) | 113,750 | | | | GEN. PURPOSE |

| 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) | 15,000 | | | | GEN. PURPOSE |
| CALEDONIA COUNTY NATURAL RESOURCES CONSERVATION DISTRICT NRCD 481 SUMMER STREET SUITE 202 ST JOHNSBURY, VT 05819 | 03-6003082 | MUNICIPAL | 17,459 | | | | GEN. PURPOSE |

| 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 |
| CAMP THORPE INC 680 CAPEN HILL ROAD BRANDON, VT 05733 | 03-0183587 | 501(C)(3) | 5,542 | | | | GEN. PURPOSE |
| CANCER PATIENT SUPPORT FOUNDATION INC PO BOX 1804 WILLISTON, VT 05495 | 03-0365270 | 501(C)(3) | 11,000 | | | | GEN. PURPOSE |

| 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 |
| CAPITAL SOCCER CLUB 4 NORTH PARK DRIVE MONTPELIER, VT 05602 | 34-2034406 | 501(C)(3) | 7,000 | | | | GEN. PURPOSE |
| CAPSTONE COMMUNITY ACTION 20 GABLE PLACE BARRE, VT 05641 | 03-0216254 | 501(C)(3) | 45,100 | | | | GEN. PURPOSE |

| 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 |
| CARPENTER-CARSE LIBRARY 69 BALLARD CORNERS HINESBURG, VT 05461 | 03-0185083 | 501(C)(3) | 10,159 | | | | GEN. PURPOSE |
| CATAMOUNT FILM & ARTS CO 115 EASTERN AVENUE ST JOHNSBURY, VT 05819 | 03-0276780 | 501(C)(3) | 41,358 | | | | GEN. PURPOSE |

| 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 |
| CATSKILL CENTER FOR CONSERVATION AND DEVELOPMENT INC 43355 ROUTE 28 ARKVILLE, NY 12406 | 23-7058142 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| CCTV'S CENTER FOR MEDIA & DEMOCRACY 294 NORTH WINOOSKI AVENUE BURLINGTON, VT 05401 | 22-2582888 | 501(C)(3) | 26,250 | | | | GEN. PURPOSE |

| 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 AN AGRICULTURAL ECONOMY (CAE) 140 JUNCTION RD HARDWICK, VT 05843 | 57-1201683 | 501(C)(3) | 11,500 | | | | GEN. PURPOSE |
| CENTER FOR HEALTH AND LEARNING 28 VERNON STREET SUITE 319 BRATTLEBORO, VT 05301 | 03-0351024 | 501(C)(3) | 12,000 | | | | GEN. PURPOSE |

| 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 RESTORATIVE JUSTICE 439 MAIN STREET SUITE 2 BENNINGTON, VT 05201 | 03-0284675 | 501(C)(3) | 9,303 | | | | GEN. PURPOSE |
| CENTRAL OAK HEIGHTS ASSOCIATION PO BOX 75 WINFIELD, PA 17889 | 23-2448588 | 501(C)(3) | 6,500 | | | | GEN. PURPOSE |

| 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 |
| CENTRAL VERMONT ADULT BASIC EDUCATION 46 WASHINGTON STREET SUITE 100 BARRE, VT 05641 | 03-0238309 | 501(C)(3) | 6,450 | | | | GEN. PURPOSE |
| CENTRAL VERMONT COUNCIL ON AGING 59 NORTH MAIN STREET SUITE 200 BARRE, VT 05641 | 03-0276104 | 501(C)(3) | 18,796 | | | | GEN. PURPOSE |

| 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 |
| CHAMP P3 PO BOX 21 RANDOLPH, VT 05060 | 47-5672968 | 501(C)(3) | 18,000 | | | | GEN. PURPOSE |
| CHAMPLAIN COLLEGE 163 SOUTH WILLARD STREET BURLINGTON, VT 05402 | 03-0220266 | 501(C)(3) | 24,053 | | | | GEN. PURPOSE |

| 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) | 2,133,290 | | | | GEN. PURPOSE |
| CHAMPLAIN VALLEY OFFICE OF ECONOMIC OPPORTUNITY (CVOEO) 255 SOUTH CHAMPLAIN STREET BURLINGTON, VT 05402 | 03-0216837 | 501(C)(3) | 14,250 | | | | GEN. PURPOSE |

| 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 |
| CHANDLER CENTER FOR THE ARTS INC 71-73 MAIN STREET RANDOLPH, VT 05060 | 03-0266500 | 501(C)(3) | 8,300 | | | | GEN. PURPOSE |
| CHANGING PERSPECTIVES PO BOX 694 BRADFORD, VT 05033 | 46-3115902 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |

| 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 |
| CHICO HOUSING ACTION TEAM (CHAT) PO BOX 4868 CHICO, CA 95927 | 46-5487014 | 501(C)(3) | 9,500 | | | | GEN. PURPOSE |
| CHILDREN'S LITERACY FOUNDATION (CLIF) 1536 LOOMIS HILL ROAD WATERBURY CENTER, VT 05677 | 02-0498154 | 501(C)(3) | 64,500 | | | | GEN. PURPOSE |

| 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 |
| CITY OF BARRE VERMONT 6 NORTH MAIN STREET SUITE 2 BARRE, VT 05641 | 03-6000356 | MUNICIPAL | 59,950 | | | | GEN. PURPOSE |
| CLEAN WATER FUND 1444 EYE STREET NW SUITE 400 WASHINGTON, DC 20005 | 52-1043444 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| CMF INNOVATIONS 1505 CHURCHHILL ROAD CHARLOTTE, VT 05445 | 46-1041296 | 501(C)(3) | 12,000 | | | | GEN. PURPOSE |
| COLLEGE STREET CONGREGATIONAL CHURCH 265 COLLEGE STREET BURLINGTON, VT 05401 | 03-0184074 | 501(C)(3) | 16,362 | | | | GEN. PURPOSE |

| 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 |
| COLUMBIA UNIVERSITY 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025 | 13-5598093 | 501(C)(3) | 7,000 | | | | GEN. PURPOSE |
| COMMITTEE ON TEMPORARY SHELTER 95 NORTH AVENUE BURLINGTON, VT 05402 | 03-0285606 | 501(C)(3) | 73,250 | | | | GEN. PURPOSE |

| 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 |
| COMMODORE FRIENDS OF MUSIC VERMONT ROUTE 22A ADDISON, VT 05491 | 81-3838896 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |
| COMMON GROUND CENTER 473 TATRO ROAD STARKSBORO, VT 05487 | 03-0343966 | 501(C)(3) | 8,500 | | | | GEN. PURPOSE |

| 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 |
| COMMON ROOTS INC 1100 DORSET STREET SOUTH BURLINGTON, VT 05403 | 26-4146964 | 501(C)(3) | 8,179 | | | | GEN. PURPOSE |
| COMMUNITY ASYLUM SEEKERS PROJECT 2128 BROCKWAYS MILLS ROAD ROCKINGHAM, VT 05143 | 81-3418323 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |

| 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 |
| COMMUNITY ENGAGEMENT LAB 41 SUMMER ST MONTPELIER, VT 05602 | 45-3868526 | 501(C)(3) | 38,000 | | | | GEN. PURPOSE |
| COMMUNITY FOOD CUPBOARD INC PO BOX 864 MANCHESTER CENTER, VT 052550864 | 03-0335781 | 501(C)(3) | 11,000 | | | | GEN. PURPOSE |

| 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 |
| COMMUNITY HEALTH CENTERS OF BURLINGTON 617 RIVERSIDE AVENUE BURLINGTON, VT 05401 | 23-7182584 | 501(C)(3) | 21,000 | | | | GEN. PURPOSE |
| COMMUNITY HEALTH SERVICES OF ADDISON COUNTY (DBA OPEN DOOR CLINIC) 100 PORTER DRIVE MIDDLEBURY, VT 05753 | 03-0359531 | 501(C)(3) | 8,398 | | | | GEN. PURPOSE |

| 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 |
| COMMUNITY HEALTH SERVICES OF LAMOILLE VALLEY 30-2 MOUNTAINVIEW PLAZA MORRISVILLE, VT 05661 | 04-3358048 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |
| COMMUNITY RESILIENCE ORGANIZATIONS 334 GEARY RD S LINCOLN, VT 054439580 | 47-4647183 | 501(C)(3) | 12,000 | | | | GEN. PURPOSE |

| 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 |
| CONGREGATION OF TEMPLE SINAI INC 500 SWIFT STREET SOUTH BURLINGTON, VT 05403 | 03-6012816 | 501(C)(3) | 11,015 | | | | GEN. PURPOSE |
| CONNECTICUT RIVER CONSERVANCY 15 BANK ROW GREENFIELD, MA 01301 | 04-2148397 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |

| 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 |
| CONNECTICUT VALLEY FAIR INC PO BOX 818 BRADFORD, VT 05033 | 23-7168840 | 501(C)(3) | 25,000 | | | | GEN. PURPOSE |
| CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110 | 04-6149986 | 501(C)(3) | 17,800 | | | | GEN. PURPOSE |

| 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 |
| COPLEY HEALTH SYSTEMS INC 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05561 | 03-0301457 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |
| CORNER RESOURCE SCHOOL OF GRANVILLE 3522 NORTH HOLLOW ROAD GRANVILLE, VT 05747 | 26-4135885 | 501(C)(3) | 9,000 | | | | GEN. PURPOSE |

| 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 |
| CORNWALL SCHOOL 112 SCHOOL ROAD CORNWALL, VT 05753 | 03-0293465 | MUNICIPAL | 13,827 | | | | GEN. PURPOSE |
| CORPORATE ACCOUNTABILITY 10 MILK STREET SUITE 610 BOSTON, MA 02108 | 41-1322686 | 501(C)(3) | 45,000 | | | | GEN. PURPOSE |

| 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 |
| CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVE HAVERFORD, PA 190411392 | 23-6002304 | 501(C)(3) | 35,000 | | | | GEN. PURPOSE |
| COVER HOME REPAIR 158 SOUTH MAIN STREET WHITE RIVER JUNCTION, VT 05001 | 20-4597157 | 501(C)(3) | 12,500 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| CRADLE TO GRAVE ARTS PO BOX 8 CHELSEA, VT 05038 | 22-3092913 | 501(C)(3) | 14,000 | | | | GEN. PURPOSE |
| CRAFTSBURY SAPLINGS 1097 KETCHUM HILL ROAD CRAFTSBURY, VT 05826 | 81-5437437 | 501(C)(3) | 7,470 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| DARTMOUTH-HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE HB 7070 LEBANON, NH 03756 | 22-2715483 | 501(C)(3) | 12,256 | | | | GEN. PURPOSE |
| DEBORAH RAWSON MEMORIAL LIBRARY 8 RIVER ROAD JERICHO, VT 054652001 | 56-2379058 | 501(C)(3) | 23,933 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| DISMAS OF VERMONT INC 103 EAST ALLEN STREET WINOOSKI, VT 05404 | 03-0369442 | 501(C)(3) | 21,300 | | | | GEN. PURPOSE |
| DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030 | 13-3433452 | 501(C)(3) | 31,350 | | | | GEN. PURPOSE |

| 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 |
| DORSET THEATRE FESTIVAL PO BOX 510 DORSET, VT 05251 | 03-0267296 | 501(C)(3) | 20,500 | | | | GEN. PURPOSE |
| EAGLE ISLAND INC PO BOX 245 LIVINGSTON, NJ 07039 | 27-4548675 | 501(C)(3) | 152,000 | | | | GEN. PURPOSE |

| 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 |
| EARTHWALK VERMONT PO BOX 21 PLAINFIELD, VT 05667 | 11-3744202 | 501(C)(3) | 10,500 | | | | GEN. PURPOSE |
| EDMUNDITE MISSIONS 1428 BROAD STREET SELMA, AL 36701 | 63-0302130 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| EMPLOYEE OWNERSHIP EXPANSION NETWORK 1405 S FERN STREET BOX 534 ARLINGTON, VA 22202 | 82-2849677 | 501(C)(3) | 100,000 | | | | GEN. PURPOSE |
| END OF LIFE SERVICES INC 63 MAPLE STREET MIDDLEBURY, VT 05753 | 03-0286587 | 501(C)(3) | 24,883 | | | | GEN. PURPOSE |

| 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 |
| ENERGY ACTION NETWORK 17 STATE ST SUITE 205 MONTPELIER, VT 05602 | 45-5424161 | 501(C)(3) | 65,000 | | | | GEN. PURPOSE |
| ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH 17TH FL NEW YORK, NY 10010 | 11-6107128 | 501(C)(3) | 9,250 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104 | 63-1135091 | 501(C)(3) | 10,750 | | | | GEN. PURPOSE |
| FAIRBANKS MUSEUM & PLANETARIUM 1302 MAIN STREET ST JOHNSBURY, VT 05819 | 03-0184732 | 501(C)(3) | 39,291 | | | | GEN. PURPOSE |

| 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 |
| FAMILY CENTER OF WASHINGTON COUNTY 383 SHERWOOD DRIVE MONTPELIER, VT 05602 | 22-2652676 | 501(C)(3) | 25,000 | | | | GEN. PURPOSE |
| FAMILY PLACE INC 319 US ROUTE 5 SOUTH NORWICH, VT 05055 | 03-0305264 | 501(C)(3) | 11,250 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| FARM AND WILDERNESS FOUNDATION INC 401 FARM AND WILDERNESS ROAD PLYMOUTH, VT 05056 | 03-0228965 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |
| FARMER VETERAN COALITION 4614 2ND STREET SUITE 4 DAVIS, CA 95618 | 46-2362098 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |

| 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 |
| FIRST UNITARIAN UNIVERSALIST SOCIETY OF BURLINGTON 152 PEARL STREET BURLINGTON, VT 05401 | 03-6003834 | RELIGIOUS | 16,700 | | | | GEN. PURPOSE |
| FLYNN CENTER FOR THE PERFORMING ARTS 153 MAIN STREET BURLINGTON, VT 05401 | 03-0277052 | 501(C)(3) | 84,327 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| FOOD CONNECTS 22 BROWNE COURT UNIT 110 BRATTLEBORO, VT 05301 | 46-2372533 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |
| FORT TICONDEROGA ASSOCIATION INC 30 FORT TI ROAD TICONDEROGA, NY 12883 | 14-1440924 | 501(C)(3) | 10,380 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| FOUR WINDS NATURE INSTITUTE INC PO BOX 1810 NORWICH, VT 05055 | 20-5139630 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |
| FRIENDS OF THE LINCOLN COMMUNITY SCHOOL PO BOX 361 BRISTOL, VT 05443 | 27-2277523 | 501(C)(3) | 6,750 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| FRIENDS OF NORTH BRANCH NATURE CENTER 713 ELM STREET MONTPELIER, VT 05602 | 76-0830759 | 501(C)(3) | 40,500 | | | | GEN. PURPOSE |
| FRIENDS OF THE ARAVA INSTITUTE 1320 CENTRE STREET SUITE 206 NEWTON CENTRE, MA 02459 | 11-3485736 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |

| 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 |
| FRIENDS OF THE CHARLOTTE LIBRARY 115 FERRY ROAD CHARLOTTE, VT 05445 | 03-0346266 | 501(C)(3) | 20,300 | | | | GEN. PURPOSE |
| FRIENDS OF THE WINOOSKI RIVER PO BOX 777 MONTPELIER, VT 05446 | 03-0368386 | 501(C)(3) | 10,750 | | | | GEN. PURPOSE |

| 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 |
| FUND FOR NORTH BENNINGTON 23 MECHANIC STREET NORTH BENNINGTON, VT 05257 | 03-0335309 | 501(C)(3) | 26,696 | | | | GEN. PURPOSE |
| GENERATOR 40 SEARS LANE BURLINGTON, VT 05401 | 46-3848431 | 501(C)(3) | 17,500 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| GEORGE WRIGHT SOCIETY PO BOX 65 HANCOCK, MI 49930 | 38-2360876 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| GLOBAL CAMPUSES FOUNDATION 82 BLAIR PARK RD WILLISTON, VT 05495 | 86-1028759 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| GODDARD COLLEGE CORPORATION 123 PITKIN ROAD PLAINFIELD, VT 05667 | 03-0179419 | 501(C)(3) | 122,639 | | | | GEN. PURPOSE |
| GOOD NEIGHBOR HEALTH CLINIC 70 NORTH MAIN STEET WHITE RIVER JUNCTION, VT 05001 | 03-0346949 | 501(C)(3) | 16,250 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| GOODRICH MEMORIAL LIBRARY INC 202 MAIN STREET NEWPORT, VT 05855 | 03-0184028 | 501(C)(3) | 34,968 | | | | GEN. PURPOSE |
| GOVERNOR'S INSTITUTES OF VERMONT 20 WEST CANAL STREET SUITE C5 WINOOSKI, VT 05404 | 03-0308967 | 501(C)(3) | 24,350 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| GRACE COTTAGE FOUNDATION PO BOX 1 TOWNSHEND, VT 053530001 | 03-0343282 | 501(C)(3) | 5,902 | | | | GEN. PURPOSE |
| GRASSROOTS INTERNATIONAL 179 BOYLSTON STREET 4TH FLOOR BOSTON, MA 02130 | 04-2791159 | 501(C)(3) | 7,450 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| GREATER BURLINGTON YMCA 266 COLLEGE STREET BURLINGTON, VT 05401 | 03-0185810 | 501(C)(3) | 506,324 | | | | GEN. PURPOSE |
| GREEN MOUNTAIN CLUB 4711 WATERBURY-STOWE ROAD WATERBURY CENTER, VT 05677 | 03-0162865 | 501(C)(3) | 78,017 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| GREEN MOUNTAIN FARM-TO-SCHOOL INC 115 2ND STREET NEWPORT, VT 05855 | 41-2273707 | 501(C)(3) | 33,500 | | | | GEN. PURPOSE |
| GREEN MOUNTAIN HABITAT FOR HUMANITY 300 CORNERSTONE DRIVE SUITE 335 WILLISTON, VT 054954031 | 22-2558923 | 501(C)(3) | 11,500 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| GREEN MOUNTAIN HORSE ASSOCIATION PO BOX 8 SOUTH WOODSTOCK, VT 05071 | 03-6011708 | 501(C)(3) | 5,650 | | | | GEN. PURPOSE |
| GREEN MOUNTAIN UNITED WAY 73 MAIN STREET 33 MONTPELIER, VT 05602 | 03-0261384 | 501(C)(3) | 9,750 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| GROUNDWORKS COLLABORATIVE INC PO BOX 370 BRATTLEBORO, VT 053020370 | 03-0267404 | 501(C)(3) | 36,986 | | | | GEN. PURPOSE |
| GUN SENSE VERMONT EDUCATION FUND PO BOX 2533 BRATTLEBORO, VT 05303 | 46-5477186 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| HABITAT FOR HUMANITY OF ADDISON COUNTY PO BOX 1217 MIDDLEBURY, VT 05753 | 03-0361510 | 501(C)(3) | 10,800 | | | | GEN. PURPOSE |
| HARRIS HILL SKI JUMP INC PO BOX 8284 BRATTLEBORO, VT 05304 | 42-1609484 | 501(C)(3) | 8,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| HARTFORD MEMORIAL MIDDLE SCHOOL 245 HIGHLAND AVENUE WHITE RIVER JUNCTION, VT 05001 | 03-6000504 | MUNICIPAL | 12,000 | | | | GEN. PURPOSE |
| HEALTH CARE AND REHABILITATION SERVICES OF SOUTHEASTERN VERMONT 390 RIVER STREET SPRINGFIELD, VT 051562226 | 23-7017624 | 501(C)(3) | 16,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| HEIFER PROJECT INTERNATIONAL INC 1 WORLD AVENUE LITTLE ROCK, AR 72202 | 35-1019477 | 501(C)(3) | 6,750 | | | | GEN. PURPOSE |
| HELEN DAY ART CENTER PO BOX 411 STOWE, VT 05672 | 03-0284825 | 501(C)(3) | 7,670 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| HELPING OTHER PEOPLE EVERYDAY (HOPE) PO BOX 403 LYNDON CENTER, VT 05850 | 27-0226630 | 501(C)(3) | 11,000 | | | | GEN. PURPOSE |
| HIGH HORSES THERAPEUTIC RIDING PROGRAM PO BOX 278 SHARON, VT 05065 | 02-0461109 | 501(C)(3) | 7,589 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| HIGHGATE NON-PROFIT INC 73 HIGHGATE DRIVE STE 121 BARRE, VT 05641 | 03-0325001 | 501(C)(3) | 35,000 | | | | GEN. PURPOSE |
| HOMESHARE VERMONT 412 FARRELL STREET SUITE 300 SOUTH BURLINGTON, VT 05403 | 13-4287957 | 501(C)(3) | 8,050 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| HOMESTEAD INC 73 RIVER STREET WOODSTOCK, VT 05091 | 03-0195636 | 501(C)(3) | 157,461 | | | | GEN. PURPOSE |
| HOMeward BOUND (ADDISON COUNTY HUMANE SOCIETY) 236 BOARDMAN STREET MIDDLEBURY, VT 05753 | 03-0264068 | 501(C)(3) | 16,492 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| HOWARD CENTER 208 FLYNN AVENUE SUITE 3J BURLINGTON, VT 05401 | 03-0179433 | 501(C)(3) | 19,500 | | | | GEN. PURPOSE |
| HUMANE SOCIETY OF CHITTENDEN COUNTY 142 KINDNESS COURT SOUTH BURLINGTON, VT 05403 | 03-0193150 | 501(C)(3) | 6,650 | | | | GEN. PURPOSE |

| 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 |
| HUNGER FREE VERMONT 38 EASTWOOD DRIVE SUITE 100 SOUTH BURLINGTON, VT 05403 | 03-0336357 | 501(C)(3) | 55,400 | | | | GEN. PURPOSE |
| HYPERBARIC VERMONT INC 371 RIVER STREET MONTPELIER, VT 05602 | 30-0964512 | 501(C)(3) | 35,000 | | | | GEN. PURPOSE |

| 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 |
| IN-SIGHT PHOTOGRAPHY PROJECT INC 183 MAIN STREET SUITE 3 BRATTLEBORO, VT 05301 | 03-0338482 | 501(C)(3) | 43,000 | | | | GEN. PURPOSE |
| INSTITUTE FOR COMMUNITY EMPOWERMENT 5760 W IRVING PARK ROAD CHICAGO, IL 60634 | 36-3788073 | 501(C)(3) | 40,000 | | | | GEN. PURPOSE |

| 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 |
| INSTITUTE FOR SOCIAL ECOLOGY PO BOX 48 PLAINFIELD, VT 05667 | 03-0280149 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |
| INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007 | 13-5660870 | 501(C)(3) | 67,600 | | | | GEN. PURPOSE |

| 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 |
| INTERVALE CENTER INC 180 INTERVALE ROAD BURLINGTON, VT 05401 | 03-0329656 | 501(C)(3) | 42,078 | | | | GEN. PURPOSE |
| ISAIAH 61 CAFE 100 NEW SALEM STREET LACONIA, NH 03246 | 82-2530924 | 501(C)(3) | 50,000 | | | | GEN. PURPOSE |

| 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 |
| JAG PRODUCTIONS 5 SOUTH MAIN STREET WHITE RIVER JUNCTION, VT 05001 | 81-0933084 | 501(C)(3) | 12,750 | | | | GEN. PURPOSE |
| JEWISH COMMUNITY OF GREATER STOWE 1189 CAPE COD ROAD STOWE, VT 05672 | 03-0351208 | 501(C)(3) | 5,550 | | | | GEN. PURPOSE |

| 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 |
| JOHN G MCCULLOUGH FREE LIBRARY INC 2 MAIN STREET NORTH BENNINGTON, VT 05257 | 03-0184077 | 501(C)(3) | 25,000 | | | | GEN. PURPOSE |
| JOHN W GRAHAM EMERGENCY SHELTER 69 MAIN STREET VERGENNES, VT 05491 | 03-0275219 | 501(C)(3) | 21,900 | | | | GEN. PURPOSE |

| 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 |
| JOHNS HOPKINS UNIVERSITY THE SHERIDAN LIBRARIES 3400 NORTH CHARLES STREET BALTIMORE, MD 21218 | 52-0595110 | 501(C)(3) | 29,361 | | | | GEN. PURPOSE |
| JOUNCE PARTNERS 2112 LOMBARD STREET PHILADELPHIA, PA 19146 | 45-2299437 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |

| 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 |
| KIDS IN NEED OF DEFENSE (KIND) 1201 L STREET NW FLOOR 2 WASHINGTON, DC 20005 | 26-2763038 | 501(C)(3) | 5,250 | | | | GEN. PURPOSE |
| KIDS ON THE BALL 19 LINDENWOOD DRIVE SOUTH BURLINGTON, VT 05403 | 47-4303706 | 501(C)(3) | 15,500 | | | | GEN. PURPOSE |

| 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 |
| KING STREET CENTER 87 KING STREET BURLINGTON, VT 054021615 | 23-7236312 | 501(C)(3) | 28,250 | | | | GEN. PURPOSE |
| KINGDOM COUNTY PRODUCTIONS 949 SOMERS ROAD BARNET, VT 05821 | 03-0328686 | 501(C)(3) | 16,000 | | | | GEN. PURPOSE |

| 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 |
| KINHAVEN MUSIC SCHOOL 6 ELBERTA ROAD MAPLEWOOD, NJ 07040 | 03-0214324 | 501(C)(3) | 5,014 | | | | GEN. PURPOSE |
| KRIPALU CENTER FOR YOGA & HEALTH PO BOX 309 STOCKBRIDGE, MA 01262 | 23-1718197 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| LAKE CHAMPLAIN CHAMBER MUSIC FESTIVAL 20 WINOOSKI FALLS WAY SUITE 7 WINOOSKI, VT 05404 | 26-2757906 | 501(C)(3) | 25,069 | | | | GEN. PURPOSE |
| LAKE CHAMPLAIN COMMITTEE 208 FLYNN AVENUE BURLINGTON, VT 05401 | 22-2482466 | 501(C)(3) | 28,262 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| LAKE CHAMPLAIN MARITIME MUSEUM 4472 BASIN HARBOR ROAD VERGENNES, VT 05491 | 22-2570380 | 501(C)(3) | 8,500 | | | | GEN. PURPOSE |
| LAKE CHAMPLAIN WALDORF SCHOOL 359 TURTLE LANE SHELBURNE, VT 05482 | 03-0296320 | 501(C)(3) | 20,500 | | | | GEN. PURPOSE |

| 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 |
| LAKE PLACID LAND CONSERVANCY PO BOX 1250 LAKE PLACID, NY 12946 | 16-1452565 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |
| LAMOILLE RESTORATIVE CENTER 221 MAIN STREET HYDE PARK, VT 05655 | 03-0304062 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |

| 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 |
| LAMOILLE UNION HIGH SCHOOL 736 VT ROUTE 15 WEST HYDE PARK, VT 05655 | 03-0216446 | MUNICIPAL | 7,850 | | | | GEN. PURPOSE |
| LAUNCHVT 60 MAIN STREET BURLINGTON, VT 05401 | 03-0366744 | 501(C)(3) | 130,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| LAWRENCE MEMORIAL LIBRARY 40 NORTH STREET BRISTOL, VT 05443 | 03-0194870 | MUNICIPAL | 11,000 | | | | GEN. PURPOSE |
| LET'S GROW KIDS 3 COURT STREET MIDDLEBURY, VT 05753 | 31-1802348 | 501(C)(3) | 690,250 | | | | GEN. PURPOSE |

| 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 |
| LINCOLN LIBRARY INC 222 WEST RIVER ROAD LINCOLN, VT 05443 | 03-0301455 | 501(C)(3) | 21,285 | | | | GEN. PURPOSE |
| LISTEN COMMUNITY SERVICES 60 HANOVER STREET LEBANON, NH 03766 | 23-7225952 | 501(C)(3) | 5,500 | | | | GEN. PURPOSE |

| 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) | 8,000 | | | | GEN. PURPOSE |
| LUCKY DAY ANIMAL RESCUE PO BOX 8856 ASPEN, CO 81612 | 45-3508032 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| LUND FAMILY CENTER 76 GLEN ROAD BURLINGTON, VT 054064009 | 03-0179434 | 501(C)(3) | 51,512 | | | | GEN. PURPOSE |
| MACLURE LIBRARY PO BOX 60 PITTSFORD, VT 05763 | 03-0267846 | 501(C)(3) | 43,328 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MAGICIANS WITHOUT BORDERS PO BOX 3 BRISTOL, VT 05443 | 75-3144325 | 501(C)(3) | 6,500 | | | | GEN. PURPOSE |
| MAKE A WISH VERMONT 431 PINE STREET SUITE 214 BURLINGTON, VT 05401 | 03-0323013 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
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| MANCHESTER HISTORICAL SOCIETY PO BOX 363 MANCHESTER, VT 05254 | 03-6007649 | 501(C)(3) | 5,500 | | | | GEN. PURPOSE |
| MAPLE CORNER COMMUNITY CENTER PO BOX 39 CALAIS, VT 05648 | 03-0297766 | 501(C)(3) | 37,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MARION CROSS SCHOOL 22 CHURCH STREET NORWICH, VT 05055 | 03-6000610 | MUNICIPAL | 7,666 | | | | GEN. PURPOSE |
| MARLBORO COLLEGE PO BOX A MARLBORO, VT 053449988 | 03-0179593 | 501(C)(3) | 31,750 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114 | 04-1564655 | 501(C)(3) | 5,175 | | | | GEN. PURPOSE |
| ME2 ORCHESTRA INC 85 E NEWTON STREET BOSTON, MA 02118 | 45-2684239 | 501(C)(3) | 7,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MEALS ON WHEELS OF LAMOILLE COUNTY INC 24 UPPER MAIN STREET MORRISVILLE, VT 05661 | 22-3240238 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| MERCK FOREST & FARMLAND CENTER INC PO BOX 86 RUPERT, VT 05768 | 03-0184959 | 501(C)(3) | 162,239 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MERCY CONNECTIONS INC 255 SOUTH CHAMPLAIN STREET 8 BURLINGTON, VT 054014786 | 03-0369962 | 501(C)(3) | 61,000 | | | | GEN. PURPOSE |
| MIDDLEBURY AREA LAND TRUST 211 MAPLE STREET SUITE 27A MIDDLEBURY, VT 05753 | 22-2835049 | 501(C)(3) | 8,292 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MIDDLEBURY COLLEGE 700 EXCHANGE STREET MIDDLEBURY, VT 05753 | 03-0179298 | 501(C)(3) | 32,250 | | | | GEN. PURPOSE |
| MIDDLEBURY TRANSITIONAL CARE COALITION PO BOX 344 EAST MIDDLEBURY, VT 05740 | 56-2531802 | 501(C)(3) | 19,650 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MIGRANT JUSTICE 179 S WINOOSKI AVENUE UNIT 202 BURLINGTON, VT 05401 | 81-4176655 | 501(C)(3) | 19,100 | | | | GEN. PURPOSE |
| MILL RIVER UNIFIED UNION SCHOOL DISTRICT 2321 MIDDLE ROAD SUITE 1 NORTH CLARENDON, VT 05759 | 81-2267789 | 501(C)(3) | 14,828 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MILL RIVER UNION HIGH SCHOOL 2321 MIDDLE ROAD NORTH CLARENDON, VT 05759 | 23-7349055 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |
| MT MANSFIELD WINTER ACADEMY 3576 MOUNTAIN ROAD STOWE, VT 05672 | 03-0354068 | 501(C)(3) | 25,600 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| MULTIPLIER 405 14TH STREET SUITE 164 OAKLAND, CA 94612 | 91-2166435 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |
| NAMI-VT NATIONAL ALLIANCE ON MENTAL ILLNESS 600 BLAIR PARK SUITE 301 WILLISTON, VT 054957589 | 03-0297954 | 501(C)(3) | 8,499 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| NATIONAL AUDUBON SOCIETY 225 VARICK STREET NEW YORK, NY 10014 | 13-1624102 | 501(C)(3) | 25,967 | | | | GEN. PURPOSE |
| NEW ENGLAND CENTER FOR CIRCUS ARTS 10 TOWN CRIER DR BRATTLEBORO, VT 05301 | 26-0495118 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| NEW ENGLAND YOUTH THEATER 100 FLAT STREET BRATTLEBORO, VT 05301 | 03-0364216 | 501(C)(3) | 5,250 | | | | GEN. PURPOSE |
| NEW LEARNING JOURNEY 700 BRAGG HILL ROAD WAITSFIELD, VT 05673 | 47-4879926 | 501(C)(3) | 25,750 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| NEW PROFIT INC 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 20116 | 04-3396766 | 501(C)(3) | 25,000 | | | | GEN. PURPOSE |
| NEW STORIES 924 EAST NINTH AVENUE SPOKANE, WA 99202 | 91-2038316 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| NIGHT FALL 45 CHURCH STREET HARTFORD, CT 06103 | 46-3282277 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |
| NOKOTA HORSE CONSERVANCY 116 S BROADWAY STREET LINTON, ND 58552 | 31-1672930 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
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| NORMAN WILLIAMS PUBLIC LIBRARY 10 THE GREEN WOODSTOCK, VT 05091 | 03-0179304 | 501(C)(3) | 7,250 | | | | GEN. PURPOSE |
| NORTH BRANCH SCHOOL PO BOX 209 RIPTON, VT 05766 | 32-0013815 | 501(C)(3) | 5,250 | | | | GEN. PURPOSE |

| 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 COUNTRY SUPERVISORY UNION 121 DUCHESS AVE SUITE A NEWPORT, VT 05855 | 03-0219433 | MUNICIPAL | 10,000 | | | | GEN. PURPOSE |
| NORTH HERO HISTORICAL SOCIETY PO BOX 175 NORTH HERO, VT 05474 | 05-0468580 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |

| 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 COMMUNITY ACTION INC PO BOX 346 NEWPORT, VT 05855 | 03-0276709 | 501(C)(3) | 9,750 | | | | GEN. PURPOSE |
| NORTHEAST KINGDOM LEARNING SERVICES (NEKLS) 55 SEYMOUR LANE SUITE 11 NEWPORT, VT 05855 | 22-3113459 | 501(C)(3) | 32,000 | | | | GEN. PURPOSE |

| 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) | 29,847 | | | | GEN. PURPOSE |
| NORTHEAST ORGANIC FARMING ASSOCIATION OF VERMONT (NOFA-VT) 14 PLEASANT STREET RICHMOND, VT 05477 | 22-3260420 | 501(C)(3) | 176,970 | | | | GEN. PURPOSE |

| 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) | 8,250 | | | | GEN. PURPOSE |
| NORTHERN FOREST CENTER INC 18 NORTH MAIN STREET SUITE 204 CONCORD, NH 03302 | 22-3458955 | 501(C)(3) | 7,460 | | | | GEN. PURPOSE |

| 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 |
| NORTHWOODS STEWARDSHIP CENTER 154 LEADERSHIP DRIVE EAST CHARLESTON, VT 05833 | 03-0346759 | 501(C)(3) | 8,400 | | | | GEN. PURPOSE |
| OLD SCHOOL ENRICHMENT CENTER 125 EAST DOVER ROAD WILMINGTON, VT 05363 | 47-4577300 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |

| 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 |
| OLD SPOKES HOME 331 N WINOOSKI AVE BURLINGTON, VT 05401 | 47-2403515 | 501(C)(3) | 11,000 | | | | GEN. PURPOSE |
| OPERA COMPANY OF MIDDLEBURY PO BOX 803 MIDDLEBURY, VT 05753 | 20-1993530 | 501(C)(3) | 5,500 | | | | GEN. PURPOSE |

| 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 |
| OPERATION SERVICE 45 DAILEY TERRACE FITCHBURG, MA 01420 | 82-0597234 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| OTTAUQUECHEE HEALTH FOUNDATION 30 PLEASANT STREET WOODSTOCK, VT 05091 | 03-0197766 | 501(C)(3) | 8,000 | | | | GEN. PURPOSE |

| 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 |
| OUTRIGHT VERMONT 241 NORTH WINOOSKI AVE BURLINGTON, VT 05402 | 03-0323843 | 501(C)(3) | 22,550 | | | | GEN. PURPOSE |
| PARAMOUNT CENTER INC 30 CENTER STREET RUTLAND, VT 05701 | 22-2528303 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |

| 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 |
| PARTNERS IN HEALTH 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199 | 04-3567502 | 501(C)(3) | 22,600 | | | | GEN. PURPOSE |
| PATHWAYS VERMONT 125 COLLEGE STREET 2ND FLOOR BURLINGTON, VT 05401 | 30-0604758 | 501(C)(3) | 26,000 | | | | GEN. PURPOSE |

| 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 |
| PAWLET SCHOLARSHIPS INC PO BOX 206 PAWLET, VT 05761 | 05-0632826 | 501(C)(3) | 26,444 | | | | GEN. PURPOSE |
| PEACE & JUSTICE CENTER 60 LAKE STREET SUITE 1C BURLINGTON, VT 05401 | 03-0281472 | 501(C)(3) | 39,100 | | | | GEN. PURPOSE |

| 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) | 16,057 | | | | GEN. PURPOSE |
| PENLAND SCHOOL OF CRAFTS PO BOX 37 PENLAND, NC 28765 | 56-0623948 | 501(C)(3) | 12,500 | | | | GEN. PURPOSE |

| 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 |
| PENTANGLE COUNCIL ON THE ARTS 31 THE GREEN WOODSTOCK, VT 05091 | 03-0237947 | 501(C)(3) | 6,500 | | | | GEN. PURPOSE |
| PEOPLES ACADEMY 202 COPLEY AVENUE MORRISVILLE, VT 05661 | 03-6000585 | MUNICIPAL | 5,750 | | | | GEN. PURPOSE |

| 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 |
| PEOPLE'S HEALTH & WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 05641 | 03-0343290 | 501(C)(3) | 13,000 | | | | GEN. PURPOSE |
| PITTSFORD HISTORICAL SOCIETY PO BOX 423 PITTSFORD, VT 05763 | 03-6010729 | 501(C)(3) | 9,713 | | | | GEN. PURPOSE |

| 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 |
| PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038 | 13-1644147 | 501(C)(3) | 22,550 | | | | GEN. PURPOSE |
| PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND 784 HERCULES DRIVE SUITE 110 COLCHESTER, VT 05446 | 03-0222941 | 501(C)(3) | 108,050 | | | | GEN. PURPOSE |

| 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 |
| POPE MEMORIAL LIBRARY 121 PARK STREET DANVILLE, VT 05828 | 03-6005659 | 501(C)(3) | 30,825 | | | | GEN. PURPOSE |
| POPULATION MEDIA CENTER 30 KIMBALL AVENUE SUITE 302 SOUTH BURLINGTON, VT 05403 | 03-0358029 | 501(C)(3) | 30,000 | | | | GEN. PURPOSE |

| 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 |
| POULTNEY DOWNTOWN REVITALIZATION COMMITTEE PO BOX 121 POULTNEY, VT 05764 | 74-3038714 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |
| POULTNEY HISTORICAL SOCIETY 1500 EAST MAIN STREET POULTNEY, VT 05764 | 23-7044602 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |

| 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 |
| POULTNEY TOWN SCHOOL DISTRICT 168 YORK STREET POULTNEY, VT 05764 | 03-6000631 | 501(C)(3) | 14,750 | | | | GEN. PURPOSE |
| PRESERVATION TRUST OF VERMONT 104 CHURCH STREET BURLINGTON, VT 054014449 | 03-0281195 | 501(C)(3) | 64,910 | | | | GEN. PURPOSE |

| 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 |
| PREVENT CHILD ABUSE VERMONT 203 COUNTRY CLUB ROAD SUITE 102 MONTPELIER, VT 05601 | 03-0267183 | 501(C)(3) | 26,700 | | | | GEN. PURPOSE |
| PRIDE CENTER OF VERMONT 255 SOUTH CHAMPLAIN STREET SUITE 12 12 BURLINGTON, VT 05401 | 03-0360396 | 501(C)(3) | 16,500 | | | | GEN. PURPOSE |

| 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 |
| PROPUBLICA 155 AVENUE OF THE AMERICAS 13TH FLOOR NEW YORK, NY 10013 | 14-2007220 | 501(C)(3) | 50,250 | | | | GEN. PURPOSE |
| PUBLIC ASSETS INSTITUTE PO BOX 942 MONTPELIER, VT 05601 | 16-1703662 | 501(C)(3) | 47,500 | | | | GEN. PURPOSE |

| 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 |
| RECLAIMED INC PO BOX 50 POULTNEY, VT 05764 | 84-1897275 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |
| REGENERATION VERMONT 135 LONDON LANE HARDWICK, VT 05843 | 81-3488530 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| RESOURCE A NONPROFIT COMMUNITY ENTERPRISE 329 HARVEST LANE SUITE 200 WILLISTON, VT 05495 | 03-0326293 | 501(C)(3) | 63,750 | | | | GEN. PURPOSE |
| RICE MEMORIAL HIGH SCHOOL 99 PROCTOR AVENUE SOUTH BURLINGTON, VT 05403 | 03-0198567 | 501(C)(3) | 6,500 | | | | GEN. PURPOSE |

| 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 |
| RICH EARTH INSTITUTE 44 FULLER DRIVE BRATTLEBORO, VT 05301 | 45-5278690 | 501(C)(3) | 6,150 | | | | GEN. PURPOSE |
| RIGHTS AND DEMOCRACY EDUCATION FUND 70 SOUTH WINOOSKI AVENUE SUITE 205 BURLINGTON, VT 05401 | 47-5375511 | 501(C)(3) | 20,250 | | | | GEN. PURPOSE |

| 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 |
| RIVER ARTS OF MORRISVILLE INC 74 PLEASANT STREET MORRISVILLE, VT 05661 | 03-0368569 | 501(C)(3) | 8,831 | | | | GEN. PURPOSE |
| RIVER GALLERY SCHOOL INC 32 MAIN STREET SUITE 201 BRATTLEBORO, VT 05301 | 03-0282269 | 501(C)(3) | 8,604 | | | | GEN. PURPOSE |

| 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 |
| RIVER VALLEY TECHNICAL CENTER 307 SOUTH STREET SPRINGFIELD, VT 05156 | 56-2649139 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| RONALD MCDONALD HOUSE CHARITIES OF BURLINGTON VT 16 SOUTH WINOOSKI AVENUE BURLINGTON, VT 05401 | 03-0287584 | 501(C)(3) | 10,500 | | | | GEN. PURPOSE |

| 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 |
| RURAL EDUCATION ACTION PROJECT 46 EAST STATE STREET MONPELIER, VT 05602 | 22-3045871 | 501(C)(3) | 18,750 | | | | GEN. PURPOSE |
| RURALEdge 48 ELM STREET LYNDONVILLE, VT 05851 | 03-0301520 | 501(C)(3) | 225,000 | | | | GEN. PURPOSE |

| 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 |
| RUTLAND CITY PUBLIC SCHOOLS 6 CHURCH STREET RUTLAND, VT 05701 | 03-6000658 | MUNICIPAL | 6,000 | | | | GEN. PURPOSE |
| RUTLAND CITY PUBLIC SCHOOLS 6 CHURCH STREET RUTLAND, VT 05701 | 30-0511861 | MUNICIPAL | 7,798 | | | | GEN. PURPOSE |

| 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 |
| RUTLAND COUNTY PARENT-CHILD CENTER 61 PLEASANT STREET RUTLAND, VT 05701 | 22-2589017 | 501(C)(3) | 5,416 | | | | GEN. PURPOSE |
| RUTLAND REGIONAL MEDICAL CENTER INC 160 ALLEN STREET RUTLAND, VT 05701 | 03-0183483 | 501(C)(3) | 16,111 | | | | GEN. PURPOSE |

| 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 |
| RUTLAND REGIONAL PLANNING COMMISSION 67 MERCHANTS ROW RUTLAND, VT 05702 | 03-0220669 | 501(C)(3) | 6,334 | | | | GEN. PURPOSE |
| SAFEART PO BOX 251 CHELSEA, VT 050380251 | 75-3210110 | 501(C)(3) | 5,500 | | | | GEN. PURPOSE |

| 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 |
| SAINT MICHAEL'S COLLEGE ONE WINOOSKI PARK COLCHESTER, VT 05439 | 03-0179403 | 501(C)(3) | 26,138 | | | | GEN. PURPOSE |
| SALVATION ARMY 64 MAIN STREET BURLINGTON, VT 054025120 | 13-5562351 | 501(C)(3) | 5,750 | | | | GEN. PURPOSE |

| 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) | 36,500 | | | | GEN. PURPOSE |
| SARA HOLBROOK COMMUNITY CENTER 66 NORTH AVENUE BURLINGTON, VT 05401 | 03-0179595 | 501(C)(3) | 18,250 | | | | GEN. PURPOSE |

| 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 |
| SECOND CHANCE ANIMAL CENTER 1779 VT ROUTE 7A ARLINGTON, VT 05250 | 03-0212493 | 501(C)(3) | 6,150 | | | | GEN. PURPOSE |
| SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 05482 | 03-0229347 | 501(C)(3) | 72,048 | | | | GEN. PURPOSE |

| 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 SHELBURNE, VT 05482 | 03-0179436 | 501(C)(3) | 8,250 | | | | GEN. PURPOSE |
| SILVER BAY YMCA - CONFERENCE & FAMILY RETREAT CENTER 87 SILVER BAY ROAD SILVER BAY, NY 12874 | 13-5604788 | 501(C)(3) | 134,000 | | | | GEN. PURPOSE |

| 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) | 9,000 | | | | GEN. PURPOSE |
| SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104 | 63-0598743 | 501(C)(3) | 10,750 | | | | GEN. PURPOSE |

| 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 WINDSOR COUNTY INCUBATOR 14 CLINTON STREET SUITE 7 SPRINGFIELD, VT 05156 | 20-2386108 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| SOUTHWESTERN VERMONT HEALTH CARE FOUNDATION 100 HOSPITAL DRIVE SUITE 41 BENNINGTON, VT 05201 | 45-3362785 | 501(C)(3) | 7,000 | | | | GEN. PURPOSE |

| 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) | 101,600 | | | | GEN. PURPOSE |
| SPRING LAKE RANCH 1169 SPRING LAKE ROAD CUTTINGSVILLE, VT 05738 | 03-0200366 | 501(C)(3) | 153,494 | | | | GEN. PURPOSE |

| 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 AREA PARENT CHILD CENTER 6 MAIN STREET NORTH SPRINGFIELD, VT 05150 | 22-3174684 | 501(C)(3) | 22,000 | | | | GEN. PURPOSE |
| SPRINGFIELD MEDICAL CARE SYSTEMS INC 25 RIDGEWOOD ROAD SPRINGFIELD, VT 05156 | 03-0284813 | 501(C)(3) | 18,527 | | | | GEN. PURPOSE |

| 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) | 7,127 | | | | GEN. PURPOSE |
| ST PAUL'S EPISCOPAL CHURCH PO BOX 196 VERGENNES, VT 05491 | 03-0332555 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |

| 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 |
| STEPS TO END DOMESTIC VIOLENCE PO BOX 1535 BURLINGTON, VT 05402 | 03-0283657 | 501(C)(3) | 20,500 | | | | GEN. PURPOSE |
| STERN CENTER FOR LANGUAGE AND LEARNING 183 TALCOTT RD STE 101 WILLISTON, VT 054952075 | 22-2485793 | 501(C)(3) | 14,000 | | | | GEN. PURPOSE |

| 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 |
| STONE VALLEY ARTS PO BOX 47 POULTNEY, VT 05764 | 46-3586462 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |
| STOWE LAND TRUST PO BOX 284 STOWE, VT 05672 | 03-0307155 | 501(C)(3) | 5,002,000 | | | | GEN. PURPOSE |

| 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 |
| STOWE STORY LABS PO BOX 513 STOWE, VT 05672 | 47-3208321 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |
| STREETS INTERNATIONAL 119 W 72ND STREET 316 NEW YORK, NY 10023 | 56-2553486 | 501(C)(3) | 6,050 | | | | GEN. PURPOSE |

| 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 |
| STROLLING OF THE HEIFERS INC 105 PARTRIDGE ROAD EAST DUMMERSTON, VT 05346 | 02-0638820 | 501(C)(3) | 8,750 | | | | GEN. PURPOSE |
| STUDIO PLACE ARTS 201 NORTH MAIN STREET BARRE, VT 05641 | 03-0357848 | 501(C)(3) | 7,000 | | | | GEN. PURPOSE |

| 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. PURPOSE |
| SUSTAINABLE WOODSTOCK PO BOX 611 WOODSTOCK, VT 05091 | 27-1178081 | 501(C)(3) | 14,750 | | | | GEN. PURPOSE |

| 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 PUTNEY, VT 05346 | 03-0340583 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |
| THE BELLWETHER SCHOOL 1186 SOUTH BROWNELL ROAD WILLISTON, VT 05495 | 03-0345357 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVENUE NE WASHINGTON, DC 20064 | 53-0196583 | 501(C)(3) | 125,000 | | | | GEN. PURPOSE |
| THE DREAM PROGRAM INC 87 ELM STREET WINOOSKI, VT 05404 | 26-0030908 | 501(C)(3) | 40,000 | | | | GEN. PURPOSE |

| 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 FIELD 75 MAIDEN LANE SUITE 906 NEW YORK, NY 10038 | 13-3357408 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| THE FUND FOR LAKE GEORGE PO BOX 352 LAKE GEORGE, NY 12845 | 22-2565313 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |

| 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) | 10,600 | | | | GEN. PURPOSE |
| THE LIGHTNING JAR PO BOX 4508 BENNINGTON, VT 05201 | 47-4432671 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |

| 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 MENTOR CONNECTOR 110 MERCHANTS ROW SUITE 210 RUTLAND, VT 05701 | 65-1290104 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |
| THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203 | 53-0242652 | 501(C)(3) | 261,738 | | | | GEN. PURPOSE |

| 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 ROOT SOCIAL JUSTICE CENTER 28 WILLIAMS STREET FIRST FLOOR BRATTLEBORO, VT 05301 | 82-1917956 | 501(C)(3) | 12,000 | | | | GEN. PURPOSE |
| THE TRUST FOR PUBLIC LAND - NNE FIELD OFFICE 3 SHIPMAN PLACE MONTPELIER, VT 05602 | 23-7222333 | 501(C)(3) | 25,500 | | | | GEN. PURPOSE |

| 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 FOUNDATION 411 MAIN STREET BURLINGTON, VT 05401 | 45-1556038 | 501(C)(3) | 34,250 | | | | GEN. PURPOSE |
| THE UNIVERSITY OF VERMONT HEALTH NETWORK HOME HEALTH & HOSPICE INC 1110 PRIM ROAD COLCHESTER, VT 05446 | 03-0179603 | 501(C)(3) | 26,000 | | | | GEN. PURPOSE |

| 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 VERMONT OPERA PROJECT 954 ANDREWS ROAD WEST PALM BEACH, FL 33405 | 47-4217066 | 501(C)(3) | 20,000 | | | | GEN. PURPOSE |
| THE WILLIAMSTOWN ENDOWMENT FUND INC PO BOX 315 WILLIAMSTOWN, VT 05679 | 22-3032870 | 501(C)(3) | 10,339 | | | | GEN. PURPOSE |

| 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 |
| TIBET HOUSE 22 WEST 15TH STREET NEW YORK, NY 10011 | 13-3438221 | 501(C)(3) | 40,000 | | | | GEN. PURPOSE |
| TIDES FOUNDATION POBOX 29198 SAN FRANCISCO, CA 941290198 | 51-0198509 | 501(C)(3) | 20,250 | | | | GEN. PURPOSE |

| 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 |
| TLC FAMILY RESOURCE CENTER 109 PLEASANT STREET CLAREMONT, NH 03743 | 52-2439830 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |
| TOWARD FREEDOM 300 MAPLE STREET BURLINGTON, VT 05401 | 36-2319388 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| TOWN HALL THEATER INC 68 SOUTH PLEASANT STREET MIDDLEBURY, VT 05753 | 03-0358794 | 501(C)(3) | 64,999 | | | | GEN. PURPOSE |
| TOWN OF CHELSEA PO BOX 266 CHELSEA, VT 05038 | 03-6000427 | MUNICIPAL | 5,400 | | | | GEN. PURPOSE |

| 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 |
| TOWN OF JOHNSON 293 LOWER MAIN WEST JOHNSON, VT 05656 | 03-6000530 | MUNICIPAL | 5,380 | | | | GEN. PURPOSE |
| TOWN OF PAWLET PAWLET PUBLIC LIBRARY PO BOX 128 PAWLET, VT 05761 | 03-6000620 | MUNICIPAL | 9,000 | | | | GEN. PURPOSE |

| 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 |
| TOWN OF PEACHAM PO BOX 244 PEACHAM, VT 05862 | 03-6000621 | MUNICIPAL | 6,625 | | | | GEN. PURPOSE |
| TOWN OF POULTNEY 9 MAIN STREET POULTNEY, VT 05764 | 03-6000630 | MUNICIPAL | 12,377 | | | | GEN. PURPOSE |

| 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 |
| TOWN OF RIPTON PO BOX 10 RIPTON, VT 05766 | 03-6009314 | MUNICIPAL | 13,300 | | | | GEN. PURPOSE |
| TOWN OF SHELBURNEPIERSON LIBRARY PO BOX 88 SHELBURNE, VT 05482 | 03-6000683 | MUNICIPAL | 6,407 | | | | GEN. PURPOSE |

| 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 |
| TOWN OF WAITSFIELD - JOSLIN MEMORIAL LIBRARY PO BOX 283 WAITSFIELD, VT 05673 | 03-6000726 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| TOWN OF WALLINGFORD VERMONT 75 SCHOOL STREET WALLINGFORD, VT 05773 | 03-6000730 | 501(C)(3) | 5,047 | | | | GEN. PURPOSE |

| 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 |
| TRUSTEES OF THE WOOD ART GALLERY 46 BARRE STREET MONTPELIER, VT 056023145 | 03-0190572 | 501(C)(3) | 7,000 | | | | GEN. PURPOSE |
| TRUSTEES OF UNION COLLEGE 1128 LENOX ROAD SCHENECTADY, NY 12308 | 14-1338580 | 501(C)(3) | 28,000 | | | | GEN. PURPOSE |

| 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 |
| TURNING POINT OF FRANKLIN COUNTY 182 LAKE ST ST ALBANS, VT 05478 | 27-0967386 | 501(C)(3) | 17,578 | | | | GEN. PURPOSE |
| TURNING POINT RECOVERY CENTER OF SPRINGFIELD VERMONT 7 MORGAN STREET SPRINGFIELD, VT 05156 | 04-3803952 | 501(C)(3) | 25,528 | | | | GEN. PURPOSE |

| 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 |
| TURTLE ISLAND CHILDREN'S CENTER INC 659 ELM STREET MONTPELIER, VT 05602 | 03-0358066 | 501(C)(3) | 5,493 | | | | GEN. PURPOSE |
| US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038 | 13-1760110 | 501(C)(3) | 8,550 | | | | GEN. PURPOSE |

| 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 |
| UMBRELLA OF ST JOHNSBURY INC 1216 RAILROAD ST SUITE C ST JOHNSBURY, VT 05819 | 03-0268884 | 501(C)(3) | 5,182 | | | | GEN. PURPOSE |
| UNION CHURCH OF PROCTOR 5 CHURCH STREET PROCTOR, VT 05765 | 03-6009103 | RELIGIOUS | 9,808 | | | | GEN. PURPOSE |

| 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 |
| UNITED BAPTIST CHURCH OF POULTNEY INC 1500 EAST MAIN ST POULTNEY, VT 05764 | 03-0306898 | RELIGIOUS ENTITY | 50,000 | | | | GEN. PURPOSE |
| UNITED CHRISTIAN ACADEMY 65 SCHOOL STREET NEWPORT, VT 05855 | 03-0345986 | 501(C)(3) | 23,082 | | | | GEN. PURPOSE |

| 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 |
| UNITED WAY OF ADDISON COUNTY 48 COURT STREET MIDDLEBURY, VT 05753 | 03-0221018 | 501(C)(3) | 23,741 | | | | GEN. PURPOSE |
| UNITED WAY OF LAMOILLE COUNTY 20 MORRISVILLE PLAZA SUITE B MORRISVILLE, VT 05661 | 22-2774485 | 501(C)(3) | 14,500 | | | | GEN. PURPOSE |

| 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 |
| UNITED WAY OF NORTHWEST VERMONT INC 412 FARRELL STREET SUITE 200 SOUTH BURLINGTON, VT 05403 | 03-0217229 | 501(C)(3) | 38,364 | | | | GEN. PURPOSE |
| UNITED WAY OF RUTLAND COUNTY 6 CHURCH STREET RUTLAND, VT 057013411 | 03-6000224 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |

| 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 |
| UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC 620 WEST LEXINGTON STREET 2ND FLOOR FLOOR BALTIMORE, MD 21201 | 31-1678679 | 501(C)(3) | 16,317 | | | | GEN. PURPOSE |
| UNIVERSITY OF SASKATCHEWAN 11 INNOVATION BLVD SASKATOON, SK S7N 0J9 CA | 23-7069575 | 501(C)(3) | 50,000 | | | | GEN. PURPOSE |

| 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 |
| UNIVERSITY OF VERMONT 340 WATERMAN BUILDING 85 SOUTH PROSPECT STREET BURLINGTON, VT 054050160 | 03-0179440 | 501(C)(3) | 12,000 | | | | GEN. PURPOSE |
| UP FOR LEARNING 155 ELM STREET SUITE 1 MONTPELIER, VT 05602 | 47-2894356 | 501(C)(3) | 13,000 | | | | GEN. PURPOSE |

| 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 |
| UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001 | 03-0277908 | 501(C)(3) | 17,300 | | | | GEN. PURPOSE |
| UVM MEDICAL CENTER 111 COLCHESTER AVENUE BURLINGTON, VT 05401 | 03-0219309 | 501(C)(3) | 15,512 | | | | GEN. PURPOSE |

| 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 ACHIEVEMENT CENTER INC 88 PARK STREET RUTLAND, VT 05701 | 03-0179407 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |
| VERMONT ADULT LEARNING INC 46 SOUTH MAIN STREET WATERBURY, VT 05676 | 03-0276755 | 501(C)(3) | 25,000 | | | | GEN. PURPOSE |

| 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 ARTS COUNCIL 136 STATE STREET MONTPELIER, VT 05633 | 03-0218115 | 501(C)(3) | 13,628 | | | | GEN. PURPOSE |
| VERMONT ARTS EXCHANGE PO BOX 725 N BENNINGTON, VT 05257 | 03-0343015 | 501(C)(3) | 11,825 | | | | GEN. PURPOSE |

| 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 ASSOC FOR THE BLIND & VISUALLY IMPAIRED (VABVI) 60 KIMBALL AVENUE SO BURLINGTON, VT 05403 | 03-6000834 | 501(C)(3) | 11,750 | | | | GEN. PURPOSE |
| VERMONT ASSOCIATION FOR MENTAL HEALTH & ADDICTION RECOVERY 100 STATE STREET SUITE 352 MONTPELIER, VT 05602 | 03-0226306 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 BUSINESSES FOR SOCIAL RESPONSIBILITY RESEARCH AND EDUCATION FND 255 SOUTH CHAMPLAIN STREET SUITE 11 11 BURLINGTON, VT 05401 | 03-0349495 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| VERMONT CENTER FOR PHOTOGRAPHY 49 FLAT STREET BRATTLEBORO, VT 05301 | 56-2376766 | 501(C)(3) | 5,500 | | | | GEN. PURPOSE |

| 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 COMMONS SCHOOL 75 GREEN MOUNTAIN DRIVE SOUTH BURLINGTON, VT 05403 | 04-3371660 | 501(C)(3) | 61,750 | | | | GEN. PURPOSE |
| VERMONT COMMUNITY GARDEN NETWORK INC 1 MILL STREET SUITE 200 BURLINGTON, VT 05401 | 31-1783597 | 501(C)(3) | 38,500 | | | | GEN. PURPOSE |

| 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 LOAN FUND 15 STATE STREET SUITE 101 MONTPELIER, VT 05601 | 22-2864900 | 501(C)(3) | 8,250 | | | | GEN. PURPOSE |
| VERMONT COUNCIL ON RURAL DEVELOPMENT 43 STATE STREET SUITES 2 3 MONTPELIER, VT 056011384 | 03-0354510 | 501(C)(3) | 40,250 | | | | GEN. PURPOSE |

| 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) | 7,000 | | | | GEN. PURPOSE |
| VERMONT COVERTS WOODLANDS FOR WILDLIFE PO BOX 328 VERGENNES, VT 054910328 | 03-0332447 | 501(C)(3) | 14,855 | | | | GEN. PURPOSE |

| 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 ENERGY EDUCATION PROGRAM (VEEP) 79 RIVER STREET SUITE 303 MONTPELIER, VT 05602 | 45-5591876 | 501(C)(3) | 35,000 | | | | GEN. PURPOSE |
| VERMONT FAMILIES IN TRANSITION INC PO BOX 1215 MIDDLEBURY, VT 05753 | 82-1912329 | 501(C)(3) | 27,750 | | | | GEN. PURPOSE |

| 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 SUITE 202A BRISTOL, VT 05443 | 20-3294728 | 501(C)(3) | 297,102 | | | | GEN. PURPOSE |
| VERMONT FOLKLIFE CENTER 88 MAIN STREET MIDDLEBURY, VT 057531453 | 22-2550951 | 501(C)(3) | 11,126 | | | | GEN. PURPOSE |

| 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 FOODBANK INC 33 PARKER ROAD BARRE, VT 05641 | 22-3021942 | 501(C)(3) | 90,540 | | | | GEN. PURPOSE |
| VERMONT HISTORICAL SOCIETY 60 WASHINGTON STREET SUITE 1 BARRE, VT 05641 | 03-0179602 | 501(C)(3) | 14,000 | | | | GEN. PURPOSE |

| 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 HOUSING & CONSERVATION BOARD 58 EAST STATE STREET MONTPELIER, VT 05602 | 03-0311984 | MUNICIPAL | 7,500 | | | | GEN. PURPOSE |
| VERMONT HUMANITIES COUNCIL 11 LOOMIS STREET MONTPELIER, VT 05602 | 51-0187809 | 501(C)(3) | 38,418 | | | | GEN. PURPOSE |

| 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 INDEPENDENT MEDIA 139 MAIN STREET 604 BRATTLEBORO, VT 05302 | 20-2140604 | 501(C)(3) | 5,350 | | | | GEN. PURPOSE |
| VERMONT INSTITUTE OF NATURAL SCIENCE (VINS) 149 NATURES WAY QUECHEE, VT 05059 | 03-0231665 | 501(C)(3) | 16,598 | | | | GEN. PURPOSE |

| 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 JOURNALISM TRUST 26 STATE STREET SUITE 8 MONTPELIER, VT 05602 | 27-1553931 | 501(C)(3) | 56,000 | | | | GEN. PURPOSE |
| VERMONT LAND TRUST 8 BAILEY AVENUE MONTPELIER, VT 05602 | 03-0264836 | 501(C)(3) | 995,882 | | | | GEN. PURPOSE |

| 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 LAW SCHOOL 164 CHELSEA STREET SOUTH ROYALTON, VT 05068 | 23-7251952 | 501(C)(3) | 50,000 | | | | GEN. PURPOSE |
| VERMONT LEARNING-SUPPORT INITIATIVE PO BOX 8 HARDWICK, VT 05843 | 81-2645995 | 501(C)(3) | 7,000 | | | | GEN. PURPOSE |

| 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) | 75,000 | | | | GEN. PURPOSE |
| VERMONT NATURAL RESOURCES COUNCIL 9 BAILEY AVENUE MONTPELIER, VT 05602 | 03-0223731 | 501(C)(3) | 66,950 | | | | GEN. PURPOSE |

| 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 10 EAST ALLEN STREET SUITE 202 WINOOSKI, VT 05404 | 22-2990644 | 501(C)(3) | 13,550 | | | | GEN. PURPOSE |
| VERMONT PUBLIC INTEREST RESEARCH & EDUCATION (VPIREF) 141 MAIN STREET SUITE 6 MONTPELIER, VT 05602 | 51-0163801 | 501(C)(3) | 16,521 | | | | GEN. PURPOSE |

| 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 LIBRARY FOUNDATION 109 STATE STREET MONTPELIER, VT 05609 | 03-0366848 | 501(C)(3) | 17,485 | | | | GEN. PURPOSE |
| VERMONT PUBLIC RADIO 365 TROY AVENUE COLCHESTER, VT 05446 | 03-0259051 | 501(C)(3) | 51,907 | | | | GEN. PURPOSE |

| 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 RECOVERY NETWORK PO BOX 244 MONTPELIER, VT 05601 | 32-0251343 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| VERMONT SCHOLARSHIP FUND VERMONT STUDENT ASSISTANCE CORPORATION WINOOSKI, VT 054042601 | 03-0367034 | 501(C)(3) | 38,000 | | | | GEN. PURPOSE |

| 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) | 22,250 | | | | GEN. PURPOSE |
| VERMONT STATE COLLEGES PO BOX 7 MONTPELIER, VT 05601 | 03-0213787 | MUNICIPAL | 54,027 | | | | GEN. PURPOSE |

| 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 STUDIO CENTER 80 PEARL STREET JOHNSON, VT 05656 | 22-2478074 | 501(C)(3) | 7,708 | | | | GEN. PURPOSE |
| VERMONT SUSTAINABLE JOBS FUND 3 PITKIN COURT 301E MONTPELIER, VT 05602 | 03-0349736 | 501(C)(3) | 61,750 | | | | GEN. PURPOSE |

| 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 SYMPHONY ORCHESTRA INC 2 CHURCH STREET SUITE 3B BURLINGTON, VT 05401 | 03-0222134 | 501(C)(3) | 30,558 | | | | GEN. PURPOSE |
| VERMONT WORKERS CENTER 179 S WINOOSKI AVENUE SUITE 202 BURLINGTON, VT 05401 | 20-0163176 | 501(C)(3) | 18,250 | | | | GEN. PURPOSE |

| 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 WORKS FOR WOMEN INC 32A MALLETT'S BAY AVENUE WINOOSKI, VT 05404 | 22-2894557 | 501(C)(3) | 286,589 | | | | GEN. PURPOSE |
| VERMONT YOUTH CONSERVATION CORPS (VYCC) 1949 EAST MAIN STREET RICHMOND, VT 05477 | 03-0328834 | 501(C)(3) | 66,878 | | | | GEN. PURPOSE |

| 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 ORCHESTRA ASSOCIATION INC 223 ETHAN ALLEN AVENUE COLCHESTER, VT 05446 | 03-6011271 | 501(C)(3) | 6,588 | | | | GEN. PURPOSE |
| VERMONT ZEN CENTER 480 THOMAS ROAD SHELBURNE, VT 05482 | 22-2918514 | 501(C)(3) | 7,500 | | | | GEN. PURPOSE |

| 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) | 30,500 | | | | GEN. PURPOSE |
| VISITING NURSE ASSOCIATION AND HOSPICE OF VT AND NH PO BOX 881 BRATTLEBORO, VT 05302 | 03-6006494 | 501(C)(3) | 8,000 | | | | GEN. PURPOSE |

| 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) | 33,515 | | | | GEN. PURPOSE |
| VSA VERMONT 21 CARMICHAEL STREET STE206 ESSEX JUNCTION, VT 05452 | 03-0307529 | 501(C)(3) | 53,000 | | | | GEN. PURPOSE |

| 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 |
| WASATCH MOUNTAIN INSTITUTE PO BOX 426 EDEN, UT 84310 | 83-3155477 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |
| WASHINGTON CENTRAL FRIENDS OF EDUCATION INC PO BOX 324 MONTPELIER, VT 056010324 | 03-0335793 | 501(C)(3) | 11,250 | | | | GEN. PURPOSE |

| 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 |
| WASHINGTON COUNTY MENTAL HEALTH SERVICES INC PO BOX 647 MONTPELIER, VT 056010647 | 03-0215872 | 501(C)(3) | 5,650 | | | | GEN. PURPOSE |
| WASHINGTON COUNTY YOUTH SERVICE BUREAU AND BOYS & GIRLS CLUB 38 ELM STREET MONTPELIER, VT 05601 | 03-0262162 | 501(C)(3) | 5,350 | | | | GEN. PURPOSE |

| 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 |
| WATERSHEDS UNITED VERMONT 379 ELM STREET MONTPELIER, VT 05602 | 83-1625362 | 501(C)(3) | 15,000 | | | | GEN. PURPOSE |
| WEST CENTRAL SERVICES INC 9 HANOVER STREET SUITE 2 LEBANON, NH 03766 | 22-2645978 | 501(C)(3) | 10,000 | | | | GEN. PURPOSE |

| 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 |
| WESTON PLAYHOUSE THEATRE COMPANY 703 MAIN STREET WESTON, VT 05161 | 22-2970343 | 501(C)(3) | 35,000 | | | | GEN. PURPOSE |
| WINDHAM FOUNDATION INC PO BOX 70 GRAFTON, VT 05146 | 13-6142024 | 501(C)(3) | 349,000 | | | | GEN. PURPOSE |

| 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 SOUTHEAST SUPERVISORY UNION 53 GREEN STREET BRATTLEBORO, VT 05301 | 83-4348396 | 501(C)(3) | 15,646 | | | | GEN. PURPOSE |
| WINDSOR COUNTY YOUTH SERVICES 6 MILL STREET LUDLOW, VT 05149 | 22-3249987 | 501(C)(3) | 6,000 | | | | GEN. PURPOSE |

| 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 |
| WINDSOR SOUTHEAST SUPERVISORY UNION 105 MAIN STREET WINDSOR, VT 05089 | 03-6000776 | MUNICIPAL ENTITY | 7,500 | | | | GEN. PURPOSE |
| WINOOSKI VALLEY PARK DISTRICT ETHAN ALLEN HOMESTEAD BURLINGTON, VT 05408 | 23-7240742 | 501(C)(3) | 38,500 | | | | GEN. PURPOSE |

| 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 |
| WINSTON PROUTY CENTER FOR CHILD AND FAMILY DEVELOPMENT 209 AUSTINE DRIVE BRATTLEBORO, VT 05301 | 03-0229781 | 501(C)(3) | 58,082 | | | | GEN. PURPOSE |
| WOMEN'S INFORMATION SERVICE (WISE) 38 BANK STREET LEBANON, NH 037881092 | 02-0346512 | 501(C)(3) | 8,250 | | | | GEN. PURPOSE |

| 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 |
| WOMENSAFE INC PO BOX 67 MIDDLEBURY, VT 05753 | 22-2921518 | 501(C)(3) | 79,104 | | | | GEN. PURPOSE |
| WONDERARTS VERMONT PO BOX 300 GREENSBORO, VT 05841 | 05-0501353 | 501(C)(3) | 13,400 | | | | GEN. PURPOSE |

| 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 |
| WONDERFEET KIDS' MUSEUM 17 CENTER ST RUTLAND, VT 05702 | 45-4692194 | 501(C)(3) | 7,415 | | | | GEN. PURPOSE |
| WOODSTOCK AREA COUNCIL ON AGING (DBA THE THOMPSON SENIOR CENTER) 99 SENIOR LANE WOODSTOCK, VT 05091 | 03-0295419 | 501(C)(3) | 11,000 | | | | GEN. PURPOSE |

| 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 |
| WOODSTOCK COMMUNITY FOOD SHELF 217 MAXHAM MEADOW WAY WOODSTOCK, VT 05091 | 30-0478586 | 501(C)(3) | 10,954 | | | | GEN. PURPOSE |
| YOUNG AT HEART SENIOR CENTER INC 206 FURNACE STREET POULTNEY, VT 05764 | 03-0262328 | 501(C)(3) | 9,000 | | | | GEN. PURPOSE |

| 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 BRATTLEBORO, VT 053026008 | 03-0287694 | 501(C)(3) | 27,277 | | | | GEN. PURPOSE |
| ZENO MOUNTAIN FARM 950 ZENO RD LINCOLN, VT 05443 | 37-1497662 | 501(C)(3) | 13,000 | | | | GEN. PURPOSE |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization THE VERMONT COMMUNITY FOUNDATION | | Employer identification number 22-2712160 |

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

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.

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

[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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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 for the latest information.

OMB No. 1545-0047

2019

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 | 62 | 13,167,640 | 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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

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?

31

Yes

No

32a

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

32a

Yes

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Internal Revenue Service

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 for the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

22-2712160

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

| Return Reference | Explanation |
|---|---|
| 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 FOUNDATION 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 -1,178,465. REFUNDED PRIOR YEAR GRANTS 205,174. |

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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 (5) | 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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

Yes

1o

No

1p

No

1q

No

1r

No

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 |
|-------------------------------------|----------------------------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Schedule R (Form 990) 2019

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]

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 |
|--|---------------------------------|------------------------|--|
| LET'S GROW KIDS INC | L | 232,900 | FMV |
| HIGH MEADOWS FUND INC | L | 105,300 | FMV |
| J WARREN AND LOIS MCCLURE FOUNDATION INC | L | 105,841 | FMV |
| LET'S GROW KIDS INC | B | 690,250 | FMV |
| ADDISON COMMUNITY ATHLETICS FOUNDATION INC | L | 25,000 | FMV |
| ADDISON COMMUNITY ATHLETICS FOUNDATION INC | B | 247,432 | FMV |
| HIGH MEADOWS FUND INC | C | 2,000 | FMV |
| CURTIS FUND INC | L | 57,548 | FMV |
| CURTIS FUND INC | B | 3,000 | FMV |
| J WARREN AND LOIS MCCLURE FOUNDATION INC | C | 60,000 | FMV |