

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

Name of foundation SEVENTH GENERATION FOUNDATION INC		A Employer identification number 45-5204475	
Number and street (or P O box number if mail is not delivered to street address) 60 LAKE STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code BURLINGTON, VT 05401		B Telephone number (see instructions) (802) 658-3773	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶\$ 25,852	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	524,055			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .				
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	524,055	0		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	3,850	0		2,000
	c Other professional fees (attach schedule) . . . . .	13,162	0		6,581
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .				
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	1,317	0		659
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	18,329	0		9,240
	25 Contributions, gifts, grants paid . . . . .	492,142			492,142
	26 Total expenses and disbursements. Add lines 24 and 25	510,471	0		501,382
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	13,584			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-) . . . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	12,268	25,852	25,852
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	12,268	25,852	25,852	
Liabilities	17	Accounts payable and accrued expenses . . . . .	4,000	4,000	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	4,000	4,000	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	8,268	21,852	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	8,268	21,852	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	12,268	25,852		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	8,268
2	Enter amount from Part I, line 27a . . . . .	2	13,584
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	21,852
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	21,852

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 <span style="float: right;">{ }</span>	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	270,839	93,607	2 893363
2016	202,597	44,368	4 566287
2015	234,777	47,772	4 914532
2014	185,681	89,750	2 068869
2013	159,902	84,599	1 890117


<b>2</b> Total of line 1, column (d)	<b>2</b>	16 333168
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	3 266634
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	95,486
<b>5</b> Multiply line 4 by line 3	<b>5</b>	311,918
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	0
<b>7</b> Add lines 5 and 6	<b>7</b>	311,918
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	501,382

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	0
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation ▶ \$ _____ <b>(2)</b> On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	No
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ VT _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>  . . . . .	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>SEVENTHGENERATION.COM</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>HEATHER DODGE</u> Telephone no ► <u>(802) 658-3773</u>			

Located at ► 60 LAKE STREET BURLINGTON VT ZIP+4 ► 05401

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . .	<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .		<input type="checkbox"/>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	96,940
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	96,940
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	96,940
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,454
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	95,486
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	4,774

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	4,774
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	4,774
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	4,774
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	4,774

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	501,382
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	501,382
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	501,382

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				4,774
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	155,672			
<b>b</b> From 2014. . . . .	181,193			
<b>c</b> From 2015. . . . .	232,388			
<b>d</b> From 2016. . . . .	200,379			
<b>e</b> From 2017. . . . .	266,159			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,035,791			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 501,382				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				4,774
<b>e</b> Remaining amount distributed out of corpus	496,608			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,532,399			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	155,672			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,376,727			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	181,193			
<b>b</b> Excess from 2015. . . . .	232,388			
<b>c</b> Excess from 2016. . . . .	200,379			
<b>d</b> Excess from 2017. . . . .	266,159			
<b>e</b> Excess from 2018. . . . .	496,608			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶	2012-03-23
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)	

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

<b>1</b>	<b>Information Regarding Foundation Managers:</b> <b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) ) <b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
<b>2</b>	<b>Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b> Check here ▶ <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.
<b>a</b>	The name, address, and telephone number or email address of the person to whom applications should be addressed
<b>b</b>	The form in which applications should be submitted and information and materials they should include
<b>c</b>	Any submission deadlines
<b>d</b>	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

Form **990-PF** (2018)

## Part XVII

- |   |    |  |    |
|---|----|--|----|
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . . | 1c |  | No |
|---|----|--|----|

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

b. If "Yes," complete the following schedule:

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best

**Sign** \_\_\_\_\_ May the IRS discuss this \_\_\_\_\_

(see instr )? ☒ Yes ☐ No

Print/Type preparer's name	Preparer's Signature	Date	DTIN
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				employed <input type="checkbox"/>	P00867541
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Paid					
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<b>Use Only</b>		Firm's EIN 03-0225774

SOUTH DURLINGTON, VT 05403 Phone no (802) 863-1331

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
ASHLEY ORGAIN 60 LAKE STREET BURLINGTON, VT 05401	EXECUTIVE DIRECTOR/ PRESID 5 00	0	0	0
CHRIS LYON 60 LAKE STREET BURLINGTON, VT 05401	SECRETARY 1 00	0	0	0
HEATHER DODGE 60 LAKE STREET BURLINGTON, VT 05401	TREASURER 1 00	0	0	0
KAY GEBHARDT 60 LAKE STREET BURLINGTON, VT 05401	EMPLOYEE GIVING COMM CHAIR 1 00	0	0	0
KEN MCFARLAND 60 LAKE STREET BURLINGTON, VT 05401	BOARD MEMBER 1 00	0	0	0
BRANDI THOMAS 60 LAKE STREET BURLINGTON, VT 05401	BOARD MEMBER 1 00	0	0	0
HANNEKE WILLENBORG 60 LAKE STREET BURLINGTON, VT 05401	BOARD MEMBER 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASCENSION CHILDCARE 2386 SHELBURNE RD SHELBURNE, VT 05482		501(C)3	2018 TOXIN FREE KIDS GRANT	1,049
BREAST CANCER PREVENTION PARTNERS 1388 SUTTER STREET STE 400 SAN FRANCISCO, CA 941095400		501(C)3	2017 SUSTAINABILITY GRANT	75,000
BROOKS SCHOOL1160 GREAT POND RD NORTH ANDOVER, MA 01845		501(C)3	TO MATCH EMPLOYEE GIFT	100
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BURLINGTON CITY ARTS 135 CHURCH STREET BURLINGTON, VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	110
BUZZARDS BAY COALITION 114 FRONT ST NEW BEDFORD, MA 02740		501(C)3	TO MATCH EMPLOYEE GIFT	50
CALEDONIA COOPERATIVE SCHOOL DISTRICT 276 DUCK POND RD WATERFORD, VT 05819		501(C)3	2018 TOXIN FREE KIDS GRANT	1,000
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CALEDONIA NORTH SUPERVISORY UNION 148 PEACHAM RD DANVILLE, VT 05828		501(C)3	2018 TOXIN FREE KIDS GRANT	1,250
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DR SACRAMENTO, CA 95833		501(C)3	TO MATCH EMPLOYEE DONATION	50
CAMP TA-KUM-TAPO BOX 459 SOUTH HERO, VT 05486		501(C)3	TO MATCH EMPLOYEE DONATION	75
<b>Total . . . . .</b> ► <b>3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CATHOLIC MEDICAL MISSION BOARD INC 100 WALL ST FLOOR 9 NEW YORK, NY 10005		501(C)3	TO MATCH EMPLOYEE DONATION	95
CENTURY MIDDLE SCHOOL PTO 18610 IPAVA AVE LAKEVILLE, MN 550447556		501(C)3	TO MATCH EMPLOYEE DONATION	200
CHILDREN'S LITERACY FOUNDATION 1536 LOOMIS HILL RD WATERBURY, VT 05676		501(C)3	TO MATCH EMPLOYEE DONATION	50
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHITTENDEN EMERGENCY FOOD SHELF 28 N WINOOSKI AVE BURLINGTON, VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	40
COGENITAL HEART DEFECT COALITION 45 CAREY AVE SUITE 250 1 BUTLER, NJ 07405		501(C)3	TO MATCH EMPLOYEE DONATION	100
COMING CLEAN28 VERNON ST STE 434 BRATTLEBORO, VT 05344		501(C)3	2018 SUSTAINABLILTY GRANT	20,000
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
COMMUNITY HEALTH CENTERS OF BURLINGTON 617 RIVERSIDE AVE BURLINGTON, VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	500
COMPASSION INTERNATIONAL 12290 VOYAGER PKWY COLORADO SPRINGS, CO 80921		501(C)3	COMPANY MATCHING DONATION	250
CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850		501(C)3	TO MATCH EMPLOYEE GIFT	100
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COTSPO BOX 1616 BURLINGTON, VT 05402		501(C)3	TO MATCH EMPLOYEES GIFTS	117
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445		501(C)3	TO MATCH EMPLOYEE GIFT	180
FIRST DESCENTS 3001 BRIGHTON BLVD SUITE 623 BROOKLINE, MA 02445		501(C)3	TO MATCH EMPLOYEE GIFT	150
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA 1924 CAPITAL BLVD RALEIGH, NC 27604		501(C)3	TO MATCH EMPLOYEE GIFT	25
FOREST PRESCHOOL AT NORTH BRAND NATURE CENTER 713 ELM STREET MONTPELIER, VT 05602		501(C)3	2018 TOXIN FREE KIDS GRANT	662
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON ST CHARLOTTE, NC 28202		501(C)3	TO MATCH EMPLOYEE GIFT	25
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HINESBURG NURSERY SCHOOL 10856 ROUTE 116 HINESBURG, VT 05461		501(C)3	2018 TOXIN FREE KIDS GRANT	750
JELLYS PLACE2905 SAN PABLO DAM RD SAN PABLO, CA 94803		501(C)3	TO MATCH EMPLOYEE GIFT	25
KELLY S BRUSH FOUNDATION 3 MAIN STREET SUITE 217 BURLINGTON, VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	100
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KURA PROJECTPO BOX 505 MANCHESTER, VT 05424		501(C)3	TO MATCH EMPLOYEE GIFT	200
LAKE CHAMPLAIN WALDORF SCHOOL 359 TURTLE LANE SHELBURNE, VT 05482		501(C)3	TO MATCH EMPLOYEE GIFT	230
LINCOLN COOPERATIVE PRESCHOOL 1041 FRENCH SETTLEMENT RD LINCOLN, VT 05443		501(C)3	2017 COMMUNITY BUILDING GRANT	3,060
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LUND FAMILY CENTERPO BOX 4009 BURLINGTON, VT 05406		501(C)3	2018 TOXIN FREE KIDS GRANT	2,400
MASSACHUSETTS DOWN SYNDROME CONGRESS 20 BURLINGTON MALL RD SUITE 261 BURLINGTON, MA 01803		501(C)3	TO MATCH EMPLOYEE GIFT	100
MEMORIAL SLOAN KETTERING CANCER CENTER 885 2ND AVE NEW YORK, NY 10017		501(C)3	TO MATCH EMPLOYEE GIFT	50
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MILTON FAMILY COMMUNITY CENTER PO BOX 619 MILTON, VT 05468		501(C)3	2018 TOXIN FREE KIDS GRANT	2,000
MULBERRY BUSH INDEPENDENT SCHOOL 1 ANNA MARSH LANE BRATTLEBORO, VT 05301		501(C)3	2017 COMMUNITY BUILDING GRANT	5,000
NATHANIEL SMITH 10 PEACHTREE ST SUITE 1960 ALTANTA, GA 30303		501(C)3	2018 HONORARIUM	2,500
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW LIBRARY AND TOWN CENTER PROJECT 5376 SHELBURNE RD SHELBURNE, VT 05482		501(C)3	TO MATCH EMPLOYEE GIFT	150
NORTHSHIRE DAY SCHOOL 5484 MAIN ST MANCHESTER CENTER, VT 05255		501(C)3	2018 TOXIN FREE KIDS GRANT	4,128
NORTHWEST ARKANSAS FOOD BANK 1378 JUNE SELF DR BETHEL HEIGHTS, AR 72764		501(C)3	TO MATCH EMPLOYEE GIFT	100
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ORANGE COUNTY PARENT CHILD CENTER 693 VT ROUTE 110 TURNBRIDGE, VT 05077		501(C)3	2018 TOXIN FREE KIDS GRANT	1,490
OUTRIGHT VTPO BOX 5235 BURLINGTON, VT 05402		501(C)3	TO MATCH EMPLOYEES GIFTS	1,810
PUSH BUFFALO429 PLYMOUTH AVE BUFFALO, NY 14213		501(C)3	2018 SUSTANIABILITY GRANT	2,500
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PATHWAYS VT125 COLLEGE STREET BURLINGTON, VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	100
PIKE SCHOOL34 SUNSET ROCK ROAD ANDOVER, MA 01810		501(C)3	TO MATCH EMPLOYEE GIFT	100
ROCHESTER INSTITUTE OF TECHNOLOGY 7 LOMB MEMORIAL DRIVE ROCHESTER, VT 14623		501(C)3	TO MATCH EMPLOYEE GIFT	100
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAVING GRACE ANIMALS FOR ADOPTION NC 13400 PD CREEDMOOR RD WAKE FOREST, NC 27587		501(C)3	TO MATCH EMPLOYEE GIFT	25
SAVING PAWS RESCUEPO BOX 87148 PHOENIX, AZ 85080		501(C)3	TO MATCH EMPLOYEE GIFT	50
SOUTHWESTERN VERMONT MEDICAL CENTER INC 100 HOSPITAL DR BENNINGTON, VT 05201		501(C)3	2018 TOXIN FREE KIDS GRANT	1,255
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPECIAL OLYMPICS VERMONT PO BOX 1648 WILLISTON, VT 05495		501(C)3	TO MATCH EMPLOYEE GIFT	300
SPECTRUM YOUTH & FAMILY SERVICES INC 31 ELMWOOD AVE BURLINGTON, VT 05401		501(C)3	TO MATCH EMPLOYEE CONTRIBUTIONS	4,948
SPRING HILL SCHOOL 63 SPRING HILL ROAD WAITSFIELD, VT 05673		501(C)3	2018 TOXIN FREE KIDS GRANT	967
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPRINGFIELD AREA PARENT CHILD CENTER 6 MAIN ST NORTH SPRINGFIELD, VT 05150		501(C)3	2018 TOXIN FREE KIDS GRANT	2,651
SPRINGFIELD LEARNING GARDEN INC 33 PLEASANT ST SPRINGFIELD, VT 05156		501(C)3	2018 TOXIN FREE KIDS GRANT	1,440
ST JOHNSBURY PRESCHOOL 161 WESTERN AVE SUITE 2 ST JOHNSBURY, VT 05819		501(C)3	2018 TOXIN FREE KIDS GRANT	1,186
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST PAUL'S CATHOLIC SCHOOL 54 EASTERN AVE BARTON, VT 05874		501(C)3	2018 TOXIN FREE KIDS GRANT	500
STERN CENTER FOR LANGUAGE & LEARNING 183 TALCOTT ROAD SUITE 101 WILLISTON, VT 05495		501(C)3	TO MATCH EMPLOYEE GIFT	250
THE FAMILY PLACE 319 US ROUTE 5 SOUTH NORWICH, VT 05055		501(C)3	2018 TOXIN FREE KIDS GRANT	2,870
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE HIGHLANDER RESEARCH & EDUCATION CENTER 1959 HIGHLANDER WAY NEW MARKET, TN 37280		501(C)3	2018 SUSTAINABILITY GRANT	2,500
THE JANET S MUNT FAMILY ROOM 20 ALLEN ST BURLINGTON, VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	5,000
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573		501(C)3	TO MATCH EMPLOYEE GIFTS	125
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SIERRA CLUB FOUNDATION 85 SECOND STREET SUITE 750 SAN FRANCISCO, CA 94105		501(C)3	2018 SUSTAINABILITY GRANT	75,000
THE SOLUTIONS PROJECT 4096 PIEDMONT AVE 728 OAKLAND, CA 94611		501(C)3	2018 SUSTAINABILITY GRANT	75,000
THOMAS COLLEGE180 W RIVER RD WATERVILLE, ME 04901		501(C)3	TO MATCH EMPLOYEE GIFT	75
<b>Total . . . . .</b> ▶ <b>3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THUNDER VALLEY DEVELOPMENT CORP 290 EMPOWERMENT DR PORCUPINE, SD 57772		501(C)3	2018 SUSTAINABILITY GRANT	2,500
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 22403		501(C)3	TO MATCH EMPLOYEE GIFT	20
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755		501(C)3	TO MATCH EMPLOYEE GIFT	50
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
UNITED WAY OF NORTHWEST VT 412 FARRELL ST SUITE 200 SOUTH BURLINGTON, VT 05403		501(C)3	TO MATCH EMPLOYEE GIFT	250
UNIVERSITY OF MASSACHUSETTS FOUNDATION ONE BEACON ST 31ST FLOOR BOSTON, MA 02108		501(C)3	TO MATCH EMPLOYEE GIFT	50
UPLANDS PEAK SANCTUARY 6444 FREEDOM ARNEY RD FREEDOM, IN 47431		501(C)3	TO MATCH EMPLOYEE GIFT	50
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UVM FOUNDATION411 MAIN ST BURLINGTON, VT 05401		501(C)3	UVM SIMBA SCHOLARSHIP	2,250
UVM MEDICAL CENTER 111 COLCHESTER AVE BURLINGTON, VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	100
VERMONT COMMUNITY LOAN FUND INC PO BOX 827 MONTPELIER, VT 05601		501(C)3	2018 TOXIN FREE KIDS PROGRAM ADMINISTRATION AND GRANTS	63,925
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VERMONT FAMILY NETWORK 600 BLAIR PARK RD STE 240 WILLISTON, VT 05495		501(C)3	TO MATCH EMPLOYEE GIFT	100
VILLAGE EALRY LEARNING CENTER 24 MAIN ST SAXTONS RIVER, VT 05301		501(C)3	2018 TOXIC FREE KIDS GRANT	628
VPIRG FUND141 MAIN STREET STE 6 MONTPELIER, VT 05602		501(C)3	TO MATCH EMPLOYEE GIFT	375
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VT PUBLIC INTEREST RESEARCH & EDUCATION FUND 141 MAIN STREET STE 6 MONTPELIER, VT 05602		501(C)3	2018 SUSTAINABILITY GRANT	75,000
WASHINGTON TOXICS COALITION 4649 SUNNYSIDE AVE N SEATTLE, WA 98103		501(C)3	2018 SUSTAINABILITY GRANT	20,000
WEST RIVER MONTESSORI SCHOOL 3650D ROUTE 100N SOUTH LONDONDERRY, VT 05155		501(C)3	2018 TOXIN FREE KIDS GRANT	1,185
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WHOLE PLANET FOUNDATION 550 BOWIE ST AUSTIN, TX 78703		501(C)3	TO MATCH EMPLOYEE GIFT	150
WIKIMEDIA FOUNDATIONPO BOX 98204 WASHINGTON, DC 200908204		501(C)3	TO MATCH EMPLOYEE GIFT	75
WILLISTON COMMUNITY FOOD SHELF 400 CORNERSTONE DR SUITE 130 WILLISTON, VT 05495		501(C)3	TO MATCH EMPLOYEE GIFT	40
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WILLOWELL FOUNDATION INC PO BOX 314 BRISTOL, VT 05443		501(C)3	2018 TOXIN FREE KIDS GRANT	1,583
WINDHAM NORTHEAST EDUCATION ASSOC 25 CHERRY HILL ST BELLOWS FALLS, VT 05101		501(C)3	2018 TOXIN FREE KIDS GRANT	1,248
WOMEN'S VOICES FOR THE EARTH 114 W PINE STREET PO BOX 8743 MISSOULA, MT 59807		501(C)3	2018 SUSTAINABILITY GRANT	20,235
<b>Total . . . . . ▶ 3a</b>				492,142

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WORLD WILDLIFE FUNDPO BOX 96555 WASHINGTON, DC 200777789		501(C)3	TO MATCH EMPLOYEE GIFT	20
WOUNDED WARRIOR PROJECT 4899 BELFORT RD SUITE 300 JACKSONVILLE, FL 32256		501(C)3	TO MATCH EMPLOYEE GIFT	95
<b>Total . . . . . ▶ 3a</b>				492,142

**TY 2018 Accounting Fees Schedule****Name:** SEVENTH GENERATION FOUNDATION INC**EIN:** 45-5204475

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	3,850	0		2,000

**TY 2018 Cash Deemed Charitable Explanation Statement**

**Name:** SEVENTH GENERATION FOUNDATION INC

**EIN:** 45-5204475

**Explanation:** ALL CASH DONATED WILL BE USED FOR ADMINISTRATIVE  
EXPENSES OR CHARITABLE PURPOSES.

**TY 2018 Other Expenses Schedule****Name:** SEVENTH GENERATION FOUNDATION INC**EIN:** 45-5204475**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	445	0		223
OFFICE EXPENSE	788	0		394
MEETINGS	84	0		42

**TY 2018 Other Professional Fees Schedule****Name:** SEVENTH GENERATION FOUNDATION INC**EIN:** 45-5204475

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTANT FEES	13,162	0		6,581

**TY 2018 Substantial Contributors  
Schedule****Name:** SEVENTH GENERATION FOUNDATION INC**EIN:** 45-5204475**Name****Address**

SEVENTH GENERATION

60 LAKE STREET  
BURLINGTON, VT 05401

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047  <b>2018</b>
	<b>Name of the organization</b> SEVENTH GENERATION FOUNDATION INC	<b>Employer identification number</b> 45-5204475

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SEVENTH GENERATION FOUNDATION INC	<b>Employer identification number</b> 45-5204475
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LILA PRESTON	\$ 20,000	Person <input checked="" type="checkbox"/>
	60 LAKE STREET		Payroll <input type="checkbox"/>
	BURLINGTON, VT 05401		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	SEVENTH GENERATION INC	\$ 502,500	Person <input checked="" type="checkbox"/>
	60 LAKE STREET		Payroll <input type="checkbox"/>
	BURLINGTON, VT 05401		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Employer identification number

45-5204475

<b>Part II</b>	<b>Noncash Property</b>
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[illegible]

<b>Name of organization</b> SEVENTH GENERATION FOUNDATION INC	<b>Employer identification number</b> 45-5204475
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<b>Part III</b>	<b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____</b> Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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