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SCANNFD DFC 2 3 2014

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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Open to Public Inspection ► Information about Form 990 and its instructions is at www.us gov/form990 A For the 2013 calendar year, or tax year beginning and ending

<i>.</i>	0	20 to odiolidar your for any your boginning	onanig	_	
B	Check if spokeable	C Name of organization		D Employer identifi	cation number
Г	Addres	THE VERMONT COMMUNITY FOUNDATION			
H	_lchange _Name _lchange	<u> </u>		22-271	2160
F	initial initial return		Room/suite	E Telephone numbe	
	Termin		Tiooni Julio	•	8-3355
	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	70,746,100.
	Application			H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
	pendin	F Name and address of principal officer STUART COMSTOCK-GAY		for subordinates	
		SAME AS C ABOVE	_	H(b) Are all subordinates in	ncluded? Yes No
		empt status. X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) c	or 527	f "No," attach a	list (see instructions)
		e: WWW.VERMONTCF.ORG		H(c) Group exemption	
		organization: x Corporation Trust Association Other ▶	∟ Year	of formation: 1986	M State of legal domicile: VT
Pá	art I	Summary			
9		Briefly describe the organization's mission or most significant activities.		MUNITY FOUNDATION	N
Activities & Governance		HELPS TO BUILD PHILANTHROPIC RESOURCES TO SUSTAIN HEALTHY AND			
Æ	1	Check this box If the organization discontinued its operations or dispose	sed of more	1.	1
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		3	13
ళ	1	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	30
įŧį	1	Total number of volunteers (estimate if necessary)		6	32
ξį		Total unrelated business revenue from Part VIII, column (C), line 12		7a	<59,830.>
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	<59,830.>
				Prior Year	Current Year
Θ	8	Contributions and grants (Part VIII, line 1h)		14,885,278.	16,294,394.
eun	9	Program service revenue (Part VIII, line 2g)		243,824.	300,065.
Revenue	_10_	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,429,825.	6,696,164.
4		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<4,815.>
<u>.</u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,558,927.	23,285,808.
;	313	Grants and similar (amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	11,688,325.	10,779,621.
7		Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,799,479.	1,764,947.
평.		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 597,	577	<u> </u>	· · · · · · · · · · · · · · · · · · ·
EX	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,668,709.	1,772,756.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	15,156,513.	14,317,324.
	1	Revenue less expenses. Subtract line 18 from line 12		4,402,414.	8,968,484.
580			Ве	ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		140,236,902.	162,585,347.
经	21	Total liabilities (Part X, line 26)		8,936,741.	8,772,470.
- Set		Net assets or fund balances. Subtract line 21 from line 20		131,300,161.	153,812,877.
		Signature Block			<u> </u>
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparei	has any knowledge.	
۵.		Supratule proficer 1900			<u> </u>
Sig		DEBRA D. ROONEY, V.P. FOR FINANCE & CFO		Date · / ·	
Her	е	Type or print name and title		 -	
		Print/Type preparer's name Preparer's pigrfature	- 11	Date Check	PTIN
Paid	1	MARY KAY CURTISS		II II W If self-employ	
		Firm's name BLUM, SHAPIRO & COMPANY, P.C., CPA'S	<u> L</u>	Firm's EIN	06-1009205
Use		Firm's address 29 S. MAIN STREET, P.O. BOX 272000			
		WEST HARTFORD, CT 06127-2000		Phone no.860	-561-4000
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
3320	01 10-2	2-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		1 Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2013) THE VERMONT COMMUNITY FOUNDATION	22-2712160	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE VERMONT COMMUNITY FOUNDATION HELPS TO BUILD PHILANTHROPIC		
	RESOURCES TO SUSTAIN HEALTHY AND VITAL VERMONT COMMUNITIES. THE	<u>-</u>	
	FOUNDATION PROVIDES PHILANTHROPISTS WITH THE KNOWLEDGE, SKILLS AND		
	MEANS TO MAKE THE MOST OF THEIR CHARITABLE GIVING WHILE ENSURING THAT		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	i	Yes X No
	•	'	Tes No
_	If "Yes," describe these new services on Schedule O.	i	7.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total ex	penses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$9,773,954. including grants of \$9,168,956.) (Revenue	e \$	3,829.)
	THE VERMONT COMMUNITY FOUNDATION HELPS INDIVIDUALS, ORGANIZATIONS AND		
	BUSINESSES LEARN, LEAD AND GROW AS PHILANTHROPISTS. THE FOUNDATION		
	MANAGES OVER 600 CHARITABLE FUNDS, EACH OF WHICH WAS ESTABLISHED TO		
	BUILD HEALTHY AND VITAL VERMONT COMMUNITIES. IN 2013, THESE FUNDS		
	GRANTED OVER \$9 MILLION PRIMARILY TO NONPROFITS THROUGHOUT VERMONT,		
	INCLUDING MORE THAN \$1.2 MILLION AWARDED THROUGH ITS COMPETITIVE		-
	COMMUNITY FUND GRANT ROUNDS. IN ADDITION, THE FOUNDATION OFFERS		•
	PLANNED GIVING, NONPROFIT ENDOWMENT MANAGEMENT AND OTHER PHILANTHROPIC		
	SERVICES THAT HELP PHILANTHROPISTS OBTAIN THE KNOWLEDGE, SKILLS AND		
	MEANS TO MAKE THE MOST OF THEIR GIVING AND ENSURE THAT CHARITABLE		
	CAPITAL PROMOTES SOCIAL, ENVIRONMENTAL AND ECONOMIC HEALTH.		
	on the first two forms, and the first feet of th		
4b	(Code) (Expenses \$ 1,478,795. including grants of \$ 1,478,795.) (Revenue		296,236.)
40	(Code) (Expenses \$ 1,478,795. including grants of \$ 1,478,795.) (Revenu THE FOUNDATION WORKS WITH THREE TYPE ONE SUPPORTING FOUNDATIONS (SEE	e \$	
	SCHEDULE R) PROVIDING SUPPORT FOR EFFECTIVE PHILANTHROPY, WHICH INCLUDES		
	GRANTMAKING, INVESTMENT MANAGEMENT AND ADMINISTRATIVE SUPPORT,		
	THROUGHOUT THE STATE OF VERMONT. IN 2013, THE FOUNDATION RECEIVED		
	SUPPORTING FEE REVENUE AND GRANTS TO THESE SUPPORTING ORGANIZATIONS TO		
	FURTHER THEIR MISSION.		
4c	(Code) (Expenses \$ 166,183. including grants of \$ 131,870.) (Revenue	e \$	
	THE VERMONT WOMEN'S FUND IS A COMPONENT FUND OF THE FOUNDATION WITH A	-	
	SPECIFIC FOCUS ON WOMEN'S AND GIRL'S ISSUES. THE FUND HARNESSES THE		
	COLLECTIVE POWER OF GIVING TO PROMOTE LEADERSHIP, EQUALITY,		
	SELF-SUFFICIENCY AND PHILANTHROPY FOR VERMONT WOMEN AND GIRLS. OUR		
	GRANTS ARE HELPING WOMEN AND GIRLS TO MOVE OUT OF POVERTY, ESTABLISH		
	SAFE RELATIONSHIPS, CHOOSE HEALTHY BEHAVIORS, BUILD COMMUNICATION	-	
	SKILLS, MASTER NON-TRADITIONAL OCCUPATIONS AND STRENGTHEN THEIR		
	PHYSICAL, EMOTIONAL, INTELLECTUAL AND FINANCIAL WELL BEING. WE STEP IN	-	
	WHERE LARGER FOUNDATIONS DO NOT BY FUNDING SMALLER, GRASSROOTS,	_	
	GENDER-SPECIFIC PROGRAMS. IN 2013, THE VERMONT WOMEN'S FUND AWARDED 12		·
		-	
	GRANTS TO VERMONT-BASED NONPROFITS TOTALING OVER \$131,000.		
		· · ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		<u>) </u>
<u>4e</u>	Total program service expenses 11,418,932.		
			Form 990 (2013)

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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.	х	
5	during the tax year? If "Yes," complete Schedule C, Part II	4		-
3	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	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		_
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	F*		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
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		Х
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		х
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	17		х
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	х	
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		_ x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2012
		rom	330 (2013)

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Form 990 (2013) THE VERMONT COMMUNITY FOUNT
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	l		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ŀ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		17
	Schedule K. If "No", go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?			
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	<u> </u>	
ZJ a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	ļ		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ŀ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	١		۱.,
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 ~		
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2013)

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Part V	St	atements	Regarding	Other	IRS	Filings	and '	Tax (Complia	ance

	Check in Confedence Contains a respense of frote to drip line in this fact v			<u>—</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the grant stop complete the balance with healths with health with healths with healths with health			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
0-	(gambling) winnings to prize winners?	1c	Λ	-
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 30			
	ind to the salestida year of the salestida year.		x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	^	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		x
.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
U	If "Yes," enter the name of the foreign country.			
E۵	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
b		5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		\vdash
ua	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?	6.	х	
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	OD		_
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	x	İ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		\vdash
·	to file Form 8282?	7c		x
d		-70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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 and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	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?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand		-	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00:17)
		Form	990	(2013)

Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	_	•	-1VO- T	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI		-			х
Sec	tion A. Governing Body and Management					
	•		•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	3		
	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.			1		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as:	sets?		5		х
6	Did the organization have members or stockholders?		•	6	x	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	Х	
þ	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	In Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ı, l	
	The organization's CEO, Executive Director, or top management official			15a	x	
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	man± :	with a			
.02	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?	nent V	viu i a	16-		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ta da -	narticipation	16a		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization to evaluate the organization that the organization the organization the organization the organization that the organization the organization the organization that the organization the organization that the organization the organization the organization that the organization the organization that the organization the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organizatio		•			
	exempt status with respect to such arrangements?	IIIZatio	1115	16b		
Sec	tion C. Disclosure	•		IOD		
17	List the states with which a copy of this Form 990 is required to be filed ▶VT		· · -			
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	「(Sect	tion 501(c)(3)s only)	availah	le.	
-	for public inspection. Indicate how you made these available Check all that apply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Own website Another's website X Upon request Other (explain	ın Sci	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		· ·	d finar	ncial	
	statements available to the public during the tax year.				141	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	tion. 🖿	•	
	DEBRA D. ROONEY - 802-388-3355					
	3 COURT STREET, MIDDLEBURY, VT 05753	-		_		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A) Name and Title	(B) Average hours per	pox	not c	Pos heck ss pe	more rson	than is bot	h an	1	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	İ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAY KENLAN	2.00									
CHAIR		х		Х				0.	0.	0
(2) DEBORAH BRIGHTON	2.00									
TREASURER		x		х				0.	0.	0
(3) JAMES G. WHEELER, JR.	2.00									
SECRETARY		х		х				0.	0.	0
(4) TIM VOLK	2.00									
VICE CHAIR		х		х				0.	0.	0
(5) JOHN KILLACKY	1.50									
DIRECTOR		х					l	0.	0.	0
(6) PETER KINDER	1.50									
DIRECTOR		х						0.	0.	0
(7) JULIE PETERSON	1.50						П			
DIRECTOR		х				ļ		0.	0.	0
(8) LISA CASHDAN	1.50									
DIRECTOR		х						0.	0.	0
(9) BETSY RATHBUN-GUNN	1.50									
DIRECTOR		х						0.	0.	0
(10) DAVID F. FINNEY	1.50									
DIRECTOR		х						0.	0.	0
(11) MICHAEL M. METZ	1.50									
DIRECTOR		х						0.	0.	0
(12) MARGARET SEELY	1.50									
DIRECTOR		х						0.	0.	0
(13) STAIGE DAVIS	1.50									
DIRECTOR		x		<u>L</u> .	L	L		0.	0.	0
(14) STUART COMSTOCK-GAY	48.00									
PRESIDENT & CEO	2.00	L	L	х	L	L		182,103.	0.	31,972
(15) DEBRA ROONEY	48.00									
VP OF FINANCE & CFO	2.00	\vdash		х		├	<u> </u>	89,432.	0.	26,114
		1_				$oxed{oxed}$				
		$\left\{ \right.$								
	l .	_			Ь_	1	1		l	Fa 990 (001)

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Pa	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck ss pe	tion more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	on	an	(F) stimate nount other	_
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatıor (W-2/1099-Mi		fr org and	pensa om th anızat d relat anızatı	e ion ed
													_	_
			<u> </u>											
										 .				
				<u> </u> 										
С	Sub-total Total from continuation sheets to Part VI	I, Section A						>	271,535.		0.			086.
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no re	271,535. eceived more than \$100	,000 of reportab	0. ole		58,	086,
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		e, ke	у ег	nplo	yee	, or l	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co							the organization		4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-		elat	ed organization or indiv	idual for services	\$	5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation t	from	
	(A) Name and business								(B) Description of s		С	(C compe		n
	ONIAL CONSULTING, 750 THIRD AVENUE H FLOOR, NEW YORK, NY 10017	3,							INVESTMENT CONSULT	ANT			104	262.
								-+			-			

ADAGE CAPITAL PARTNERS, 200 CLARENDON
STREET, 52ND FLOOR, BOSTON, MA 02116
INVESTMENT MANAGER

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
2

Form 990 (2013)

101,112.

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ž our		Membership dues	1b					
S, E	С	Fundraising events	1c	33,791.				
当芸	d	Related organizations	1d	15,000.				
S, E		Government grants (contribut						
ë S	f	All other contributions, gifts, gran	· —					
be t		similar amounts not included abor		16,245,603.				
ΞĎ	g		1	6,905,328.	:			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<u> </u>	16,294,394.			
				Business Code				
e	2 a	MANAGEMENT FEES		561000	296,236.	296,236.		
e Ž	b	CONFERENCES AND SEMINA		900099	3,457.	3,457.		
Sul	С	MISCELLANEOUS		900099	372.	372.		
Program Service Revenue	d				_			
Po F	е							
ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•	300,065.		,	_
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	2,079,354.		<82,231.	2,161,585.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less. rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				<u></u>
		assets other than inventory	52,064,043.					
	b	Less. cost or other basis						
		and sales expenses	47,447,233.					
	С	Gain or (loss)	4,616,810.					
	d	Net gain or (loss)			4,616,810.		22,401.	4,594,409.
e	8 a	Gross income from fundraising	g events (not					
		including \$33	,791. of					
Şe.		contributions reported on line	1c). See]				
er F		Part IV, line 18	а	8,244.				
Other Reven	b	Less direct expenses	b	13,059.				
	С	Net income or (loss) from fund	draising events		<4,815.	>		<4,815.:
	9 a	Gross income from gaming ac	tivities. See					-
		Part IV, line 19	а					
	b	Less. direct expenses	b		İ			
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns	1		}		
		and allowances	а				;	
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	е	Business Code				
	11 a							
	b			<u></u>				
	С							
	đ	All other revenue .						
	е	Total. Add lines 11a-11d		▶ [
7722	12	Total revenue. See instructions.	<u> </u>	▶	23,285,808.	300,065.	<59,830.	
33200 10-29	13							Form 990 (2013)

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)

OCC.	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the United States. See Part IV, line 21	10,645,041.	10,645,041.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	134,580.	134,580.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	329,621.	64,860.	205,749.	59,012.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 110 550	202 252	500.001	
7	Other salaries and wages	1,119,670.	283,862.	500,201.	335,607.
8	Pension plan accruals and contributions (include	20.006	7 670	10.615	0.000
_	section 401(k) and 403(b) employer contributions)	29,896.	7,678.	12,615.	9,603.
9	Other employee benefits	149,764. 135,996.	49,353.	70,480.	29,931.
10	Payroll taxes	133,330.	33,017.	66,183.	36,796.
11	Fees for services (non-employees):				
a	Management	15,673.		15,673.	
b	Legal	36,300.		36,300.	
c C	Accounting Lobbying	30,300.		30,300.	
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	813,257.		813,257.	
g	Other. (If line 11g amount exceeds 10% of line 25,			013,237.	
9	column (A) amount, list line 11g expenses on Sch 0.)	100,274.		100,274.	
12	Advertising and promotion	48,024.		48,024.	
13	Office expenses	62,066.	15,383.	35,411.	11,272.
14	Information technology	86,614.	21,234.	42,476.	22,904.
15	Royalties			,	
16	Occupancy	99,512.	23,881.	48,367.	27,264.
17	Travel	35,120.	6,562.	23,276.	5,282.
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	108,940.	26,661.	69,542.	12,737.
20	Interest				,
21	Payments to affiliates				·· -
22	Depreciation, depletion, and amortization	71,471.	17,959.	34,204.	19,308.
23	Insurance	19,796.	4,751.	9,621.	5,424.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OTHER PROFESSIONAL SERV	123,922.	55,059.	57,313.	11,550.
b	PRINTING AND PUB-NOT AD	57,978.	26,301.	20,790.	10,887.
С	PROFESSIONAL DEVELOPMEN	48,230.		48,230.	
d	DUES	41,672.	2,750.	38,922.	
е	All other expenses	3,907.		3,907.	
25	Total functional expenses. Add lines 1 through 24e	14,317,324.	11,418,932.	2,300,815.	597,577.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
32010	10-29-13				Form 990 (2013)

Form 990 (2013)
Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,677,241.	1	5,892,792
l	2	Savings and temporary cash investments	_			2	
	3	Pledges and grants receivable, net			22,941.	3	77,13
	4	Accounts receivable, net	-	•		4	
- 1	5	Loans and other receivables from current and fo	ormer o	ficers, directors,			
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	sons (as defined under			
		section 4958(f)(1)), persons described in section				·	
- }		employers and sponsoring organizations of sect					
₁₀		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net			326,917.	7	
₹	8	Inventories for sale or use			· ·	8	
	9	Prepaid expenses and deferred charges			89,126.	9	48,18
		Land, buildings, and equipment, cost or other	I		·		
		basis. Complete Part VI of Schedule D	10a	2,174,033.			
	b	Less: accumulated depreciation	10b	925,204.	1,254,994.	10c	1,248,829
	11	Investments - publicly traded securities			56,646,961.	11	72,190,356
- 1	12	Investments - other securities See Part IV, line	68,581,296.	12	76,394,138		
- 1	13	Investments - program-related See Part IV, line	5,203,720.	13	6,349,82		
	14	Intangible assets	<u>, , , , , , , , , , , , , , , , , , , </u>	14	, ,		
- 1	15	Other assets. See Part IV, line 11		433,706.	15	384,089	
	16	Total assets. Add lines 1 through 15 (must equ	140,236,902.	16	162,585,341		
T	17	Accounts payable and accrued expenses			143,087.	17	111,328
	18	Grants payable	1,510,900.	18	1,286,843		
	19	Deferred revenue		•		19	-
	20	Tax-exempt bond liabilities		•	-	20	=-
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
- 1	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	•	. '		22	
ן כֿ	23	Secured mortgages and notes payable to unrela	ated th	d parties		23	
- 1	24	Unsecured notes and loans payable to unrelate		· •		24	
	25	Other liabilities (including federal income tax, pa		F			
		parties, and other liabilities not included on lines	-				
		Schedule D		·	7,282,754.	25	7,374,299
	26	Total liabilities. Add lines 17 through 25		·	8,936,741.	26	8,772,470
		Organizations that follow SFAS 117 (ASC 958), che	k here			
န္က		complete lines 27 through 29, and lines 33 an	d 34.				
ĕ	27	Unrestricted net assets			121,471,315.	27	142,417,959
aga	28	Temporarily restricted net assets		•	9,828,846.	28	11,394,918
	29	Permanently restricted net assets		•		29	-
5		Organizations that do not follow SFAS 117 (A	SC 95), check here 🕨 🔲			
5		and complete lines 30 through 34.		,			
2	30	Capital stock or trust principal, or current funds				30	
155	31	Paid-in or capital surplus, or land, building, or ed		t fund		31	
▼	32	Retained earnings, endowment, accumulated in		<u> </u>		32	
ž	33	Total net assets or fund balances	,		131,300,161.	33	153,812,877
		Total liabilities and net assets/fund balances		· +	140,236,902.	34	162,585,347

Form **990** (2013)

Form	n 990 (2013) THE VERMONT COMMUNITY FOUNDATION	22-27121	50	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	,285	,808
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	,317	,324
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,968	,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	131	,300	,161
5	Net unrealized gains (losses) on investments	5	14	,228	,170
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		<683	,938
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	153	,812	,877
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990.		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		ŀ	
	consolidated basis, or both				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

3a

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

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. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Employer identification number

-			r COMMUNITY FOUNDA		_				22	2-2712160
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	ructions.		
The orga	anization is not a	a private foundation	because it is (For lines 1	1 through	11, check	only one b	ox.)			
1 📙	A church, co	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)) .		
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🖳	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).			
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
	city, and stat	te:								
5	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describ	ped in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🗀	A federal, sta	ate, or local governm	ent or governmental und	t describe	d ın sectio	n 170(b)(1)(A)(v).			
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public described in
	section 170((b)(1)(A)(vi). (Comple	te Part II)							
в 🗀	A community	trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II)					
9 🗀	An organizat	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross receipts from
	activities rela	ited to its exempt fui	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross investment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 30, 1975.
	See section	509(a)(2). (Complete	e Part III.)							
10 🗆	An organizat	ion organized and of	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	\$).		
11 🗆	An organizat	ion organized and or	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of one or
	more publicly	y supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se c	tion 509 (a)(3). Ch	eck the box that
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h				
	a 🔲 Type	ı ь	ype II c 🔲 Ty	ype III - Fu	nctionally i	integrated	c	і 🔲 Тур	e III - No	n-functionally integrated
е 🗀	By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check th	nis box							
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?	
	(ı) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (ııı) below	Yes No
	the gov	erning body of the si	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?	ı						11g(ıı)
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)
h	Provide the f	ollowing information	about the supported org	ganızatıon	(s).					
(i) Nan	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	u notify the	(vi) ls	the	(vii) Amount of monetary
	ganization	(,	(described on lines 1-9		sted in your			organizátio (i) organiz	ed in the	support
			above or IRC section (see instructions))		document?	(i) of you	r support?	U.S	.?	
			(see ilistructions))	Yes	No	Yes	No	Yes	No	
				<u> </u>						
								ļ		
							l			
				<u> </u>						
Total		<u>l</u>					<u> </u>	<u> </u>	<u> </u>	
LHA For	Paperwork Re	duction Act Notice	, see the Instructions for	or				Schedul	e A (For	m 990 or 990-EZ) 2013

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,895,221.	9,950,169.	16,278,320.	14,885,278.	16,294,394.	67,303,382.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3							
	-						
	•						
	•	9,895,221.	9,950,169.	16,278,320.	14,885,278.	16,294,394.	67,303,382.
5							
	· '						
	-						
	·						
_	• •						
				-			62,206,100.
			#10040 T	4.20044	4 13 00 40		<u> </u>
							
	•	9,893,221.	9,930,109.	10,270,320.	14,005,270.	10,294,394.	07,303,382.
8	· ·						
	· · ·	2 103 278	1 992 945	2 732 128	2 177 500	2 070 254	10 075 105
		2,103,276.	1,002,043.	2,732,129.	2,111,309.	2,073,334.	10,373,133.
9							
40	• •						
10	-						
11					-		78 278 577
		etc. (see instruction	nne)	1		12	
13				d fourth or fifth ta	ıx vear as a sectio		
	-	-		-, round, or man	51 y our 45 a 555115		ightharpoons
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2013 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	79.47 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14	.,,,		15	
16a	33 1/3% support test - 2013. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
							▶ x
b	33 1/3% support test - 2012. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation .			ightharpoons
17a	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract hire 5 from line 4 Amounts from line 4 Amounts from line 4 Amounts from line 4 Amounts from merest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Chter income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Ston C. Computation of Public Support Percentage Public support percentage from 2012 Schedule A, Part II, line 14 3 33 1/3% support test - 2013. If the organization did not check the box on line 14, and line 14 is 33 1/3% or more, check this box and						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain ın Paı	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organization	tion qualifies as a j	publicly supported	l organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2012. If the orga	anızatıon did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circui	mstances" test, ch	neck this box and s	stop here. Explain	in Part IV how the	
							▶□
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ınd see instruction:	s . ▶□
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	nott, piodos com	-				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and		(-,	(4/ = 4 + 1	(,	(0,2010	(4, 1, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
	membership fees received (Do not					1	
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				ŀ		
3	Gross receipts from activities that		,				
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				 		
·	ızatıon's benefit and either paid to						i
	or expended on its behalf						
5	The value of services or facilities			-		†	
•	furnished by a governmental unit to						
	the organization without charge						
_	, , , , , , , , , , , , , , , , , , ,						
	Total. Add lines 1 through 5					-	
7 2	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received		-			<u> </u>	
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					 	
	Add lines 7a and 7b						
Se	Public support (Subtract line 7c from line 6)						
	indar year (or fiscal year beginning in)	(a) 2000	/b) 2010	(a) 2011	(4) 2012	(a) 2012	(O Total
	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gross income from interest,						
	dividends, payments received on					i	
	securities loans, rents, royalties						
	and income from similar sources Unrelated business taxable income					İ	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· · · · · · · · · · · · · · · · · · ·		-		<u> </u>	-	
	Add lines 10a and 10b Net income from unrelated business				<u> </u>	·	
••	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part IV.)				 	ļ .	
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>			<u>l</u> .	
14	First five years. If the Form 990 is for	the organization's	s fırst, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
<u> </u>	check this box and stop here	- C			···	•	
	ction C. Computation of Publi					T .= I	
	Public support percentage for 2013 (li		•	column (f))		15	%
	Public support percentage from 2012				<u> </u>	16	%
	ction D. Computation of Inves			10 / /2:		11	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
	Investment income percentage from 2	•	·			[18]	%
198	a 33 1/3% support tests - 2013. If the						17 is not
	more than 33 1/3%, check this box ar		=		- · · · -		▶∟
t	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che		-	•		-	▶⊨
20	Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Schedule A	(Form 990 or 990-EZ) 2013 THE VERMONT COMMUNITY FOUNDATION	22-2712160	Page 4
Part IV	(Form 990 or 990-EZ) 2013 THE VERMONT COMMUNITY FOUNDATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17h and Part III line	12
	Total die organical die organi	or 175, and 1 are in, inte	, 12.
	Also complete this part for any additional information (See instructions).		
	t to the state of		
			
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	-		

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.
 See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

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

Employer identification number 22-212160 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures Volunteer hours	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Prowde a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours 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? 4 Was a correction made? 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 filling organization for section 527 exempt function activities 2 Enter the amount of the filling 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 filling organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization isted, enter the amount paid from the filling 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 filling organizations to which the separate functions received a promptly and directly delivered to a separate political organization. (a) Name (b) Address (c) EIN (d) Amount paid from formition in Part IV.	 Section 501(c)(4), (5), or (6) organ 	zations: Complete Part III.			
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours 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? 4 Was a correction made? 5 If Yes," describe in Part I V 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? 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, isled, 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's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter 0. (a) Name (b) Address (c) EIN (d) Amount paid from promptly and directly delivered to a separate political organization's funds. If none, enter 0.	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours 1 Enter the amount of any excise tax incurred by the organization under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization managers 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? 4 Was a correction made? 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 activities 4 Did the filing organization file Form 1120-POL for this year? 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's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter -0. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. delivered to a separate political organization. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.	Name of organization			Empl	oyer identification number
1 Prowde a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours 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? 4 Was a correction made? 5 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 activities of the filing organization is funds contributed to other organization for section 527 exempt function activities 4 Did the filing organization file Form 1120-POL for this year? 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, 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, Also enter the amount of political ortibutions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political organization.	1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours 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? 4a Was a correction made? 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 activities 4 Did the filing organization file Form 1120-POL for this year? 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'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 (e) Amount of political contributions received a promptly and directly delivered to a separate political polit					
Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 \$ Enter the amount of any excise tax incurred by organization managers under section 4955 \$ Enter the amount of any excise tax incurred by organization managers under section 4955 \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No Yes No No Was a correction made? Yes No Yes No Yes No No If the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2	2 Political expenditures 3 Volunteer hours 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? 4a Was a correction made? 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? 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 organizations is two which the filing organization race 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 organizations received a promptly and directly delivered to a separate political organization.	Part I-A Complete if the c	organization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
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? 4 Was a correction made? 5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 6 If Yes, "describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 7 If the amount directly expended by the filing organization for section 527 exempt function activities 7 Section 527 8 Section 527 9 Section 527 9 Section 527 1 Inter the amount of the filing organization's funds contributed to other organizations for section 527 9 Section 527 1 Inter the amount of the filing organization file Form 1120-POL for this year? 9 Section 527 1 Inter the amount of the filing organization file Form 1120-POL for this year? 1 Inter the amount of the filing organization is the filing organization to which the filing organization is 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. 1 (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 Interest to a separate political organization.	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? 4a Was a correction made? 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? 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. Also enter the contributions received an promptly and directly delivered to a separate political organization's funds. If none, enter -0.	Political expenditures Volunteer hours	·	. 0	▶ \$	
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political organization.	political organization.				funds. If none, enter -0	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041 11-08-13

	Lobbying Expende	tures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	860,591.	992,325.	907,826.	1,000,000.	3,760,742.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,641,113.
c Total lobbying expenditures				48,198.	48,198.
d Grassroots nontaxable amount	215,148.	248,081.	226,957.	250,000.	940,186.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,410,279.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

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 to lines 1a through 1i below, provide in Part IV a detailed description	- (a)	(b)	
of the lobbying activity	Yes	No	Amo	
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	l			
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)?	<u> </u>			
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), so	ection 501(c))(5), or se	ection	
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? Part III-B Complete if the organization is exempt under section 501(c)(4), so		3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	ered "No," O	• • •	t III-A, lir	ne 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	oolitical			
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) due		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
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) Part IV Supplemental Information		5		·
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated	b.d. D.d.	I A . U O	-40-140	
Provide the descriptions required for Part PA, line 1, Part PB, line 4, Part PB, line 5, Part IPA (allillated (Also, complete this part for any additional information.	group list); Part I	ı-A, iine ∠, a	na Part II-B	s, line 1.
Also, complete this part for any additional information.				
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Part IV Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member

PERMANENT FUND FOR VERMONT'S CHILDREN

Employer ID Number 31-1802348

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

Electing Member YES

Limits on Lobbying Expenditu	ıres:		Line
Total lobbying expenditures to	ınfluence public opinion (grassr	oots lobbying) 0.	1a
Total lobbying expenditures to	influence a legislative body (dire	ect lobbying) 48,198.	ь
Total lobbying expenditures (ac	dd lines 1a and 1b)	48,198.	С
Other exempt purpose expend	itures	3,057,614.	d
Total exempt purpose expendit	tures (add lines 1c and 1d).	3,105,812.	е
Lobbying nontaxable amount. Enter the amount from the follo	wing table.		
If the amount on line e is.	The lobbying nontaxable amount is.		
	20% of the amount on line 1e 100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000		
Over \$17,000,000	\$1,000,000	305,291.	f
Grassroots nontaxable amount	(enter 25% of line 1f)	76,323.	g
Subtract line 1g from line 1a (lin	mit to zero)	0.	h
Subtract line 1f from line 1c (lim	nit to zero)	0.	,
Member's share of excess lobb	bying expenditures	. 0.	

Ī	Part IV	Supplemental	Information	(continued)

Schedule C	
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Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member HIGH MEADOWS FUND, INC

Employer ID Number 20-0288123

Affiliated Group Member Address 3 COURT STREET MIDDLEBURY, VT 05753 Electing Member NO

			1
Limits on Lobbying Expenditu	ıres:		Lin
Total lobbying expenditures to	ınfluence public opinion (grassr	roots lobbying) 0.	1a
Fotal lobbying expenditures to	influence a legislative body (dire	ect lobbying) 0.	b
otal lobbying expenditures (ac	dd lines 1a and 1b)	0.	
Other exempt purpose expend	itures	1,724,326.	6
otal exempt purpose expendi	tures (add lines 1c and 1d).	1,724,326.	,
obbying nontaxable amount Enter the amount from the follo	wing table.		
If the amount on line e is.	The lobbying nontaxable amount is.		
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000	20% of the amount on line 1e 100,000 + 15% > 500,000 175,000 + 10% > 1,000,000		
Over \$17,000,000	\$1,000,000	236,216.	
Grassroots nontaxable amount	(enter 25% of line 1f)	59,054.	٥
Subtract line 1g from line 1a (lir	nit to zero)	0.	
Subtract line 1f from line 1c (lin	nit to zero)	0.	
1,500,000 <= 17,000,000 225,000 + 5% > 1,500,000		0.	
			1

Part IV | Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member

J. WARREN AND LOIS MCCLURE FOUNDATION, INC.

Employer ID Number 03-0345186

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

Electing Member NO

Limits on Lobbying Expenditures:					
Total lobbying expenditures to influence public opinion (grassroots lobbying)					
Total lobbying expenditures to	Total lobbying expenditures to influence a legislative body (direct lobbying)				
Total lobbying expenditures (ad	dd lines 1a and 1b)	0.	С		
Other exempt purpose expend	itures	534,676.	d		
Total exempt purpose expendit	tures (add lines 1c and 1d)	534,676.	e		
Lobbying nontaxable amount Enter the amount from the follo	Lobbying nontaxable amount Enter the amount from the following table				
If the amount on line e is.	The lobbying nontaxable amount is				
Not over \$500,000	20% of the amount on line 1e				
> 500,000 <= 1,000,000	100,000 + 15% > 500,000				
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000				
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000				
Over \$17,000,000	\$1,000,000	105,201.	f		
Grassroots nontaxable amount	Grassroots nontaxable amount (enter 25% of line 1f) 26,300.				
Subtract line 1g from line 1a (limit to zero)			h		
Subtract line 1f from line 1c (limit to zero)			ı		
Member's share of excess lobb	ying expenditures	0.			

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	THE VERMONT COMMUNITY FOUND		22-2712160
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	246	
2	Aggregate contributions to (during year)	9,754,736.	
3	Aggregate grants from (during year)	7,141,853.	
4	Aggregate value at end of year	64,922,775.	
	,		unda
5	Did the organization inform all donors and donor advisors in	_	
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	
D	impermissible private benefit?		X Yes No
Pai			V, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	ally 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 qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the org	
_	vear ▶		armation during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements i	• • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
		-	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	Yes No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes the C	organization's accounting for
Dai	conservation easements t III Organizations Maintaining Collections o	f Art Historical Treasures or Other	r Similar Accete
r ai			Gilliai Assets.
	Complete if the organization answered "Yes" to Form		
ıa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		•
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part Vill, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2013

Sche	edule D (Form 990) 2013 THE VERMONT	COMMUNITY FOUND	DATION			22-27	12160	Page 2
Pai		ollections of Ar	t, Historical Tr	easures, c	or Other	Similar As	sets(contin	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	t are a sig	nificant use of	rts collection	n items
	(check all that apply).							
а	Public exhibition	d	Loan or exc	hange progra	ams			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further ti	he organizati	on's exem	ipt purpose in l	Part XIII	
5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or oth	er sımılar a	assets		
	to be sold to raise funds rather than to be ma						Yes	No.
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered '	'Yes" to F	orm 990, Part	IV, line 9, or	
	Is the organization an agent, trustee, custodi		ary for contribution	s or other as	sets not in	ncluded		
	on Form 990, Part X?						Yes	X No
ь	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year		•			1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?				Yes	No
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided in l	Part XIII			
Pa	rt V Endowment Funds. Complete if	the organization ans	wered "Yes" to Fo	rm 990, Part	IV, line 10			
		(a) Current year	(b) Prior year	(c) Two year		j) Three years ba		years back
1a	Beginning of year balance	128,429,635.	114,576,763.	115,186	5,464.	106,470,36	86,	325,311.
b	Contributions	13,704,322.	14,651,341.	16,317	7,964.	9,754,05		672,109.
С	Net investment earnings, gains, and losses	19,925,181.	13,457,978.		3,549.>	13,083,44		068,256.
d	Grants or scholarships	8,156,066.	11,574,897.	13,890	0,735.	11,955,21	14. 9,	470,215.
е	Other expenditures for facilities							
	and programs	2,042,502.	854,721.		3,162.	1,610,58		429,335.
f	Administrative expenses	744,851.	1,826,829.		5,217.	555,59		695,762.
g	End of year balance	151,115,719.	128,429,635.	114,576	765.	115,186,46	106,	470,364.
2	Provide the estimated percentage of the curr			a)) held as:				
а	Board designated or quasi-endowment	93.07	_%					
b	Permanent endowment	% 6.93 %						
С	Temporarily restricted endowment							
2-	The percentages in lines 2a, 2b, and 2c should be a second and a second a second and a second and a second and a second and a second an		tion that are hald a					
Sa	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	na aaministe	rea for the	e organization	Г	Yes No
	by:							X NO
	(i) unrelated organizations (ii) related organizations	-	•				3a(i) 3a(ii)	x
ь.	If "Yes" to 3a(ii), are the related organizations	listed as required or	Schodulo P2				3b	-
4	Describe in Part XIII the intended uses of the	•					30	
	rt VI Land, Buildings, and Equipm		minerit iuilus.					
''ٽٽ	Complete if the organization answered		Part IV. line 11a. S	ee Form 990	, Part X. lır	ne 10.		
	Description of property	(a) Cost or ot	1	or other		cumulated	(d) Book	value
	Description of property	basis (investm		(other)		reciation	(=) 2001	4.40
1a	Land	<u> </u>			•			
	Buildings		1	,633,156.		454,344.	1,	178,812.

Schedule D (Form 990) 2013

70,017.

1,248,829.

470,860.

b Buildings

d Equipment e Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

540,877.

Schedule D (Form 990) 2013 THE VERMONT COMMO	JNITY FOUNDATION		22-2712160	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	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 marke	et value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) BOSTON COMMON	1,732,308.	END-OF-YEAR MARKET VALU	E	-
(B) SANDERSON INTERNATIONAL	7,275,487.	END-OF-YEAR MARKET VALU	E	
(C) GRYPHON INTERNATIONAL	5,263,974.	END-OF-YEAR MARKET VALU	E	
(D) GENERATION INVESTMENTS	6,591,059.	END-OF-YEAR MARKET VALU	E	
(E) POST HIGH YIELD	5,241,939.	END-OF-YEAR MARKET VALU	E	
(F) COLCHESTER GLOBAL BOND	5,581,759.	END-OF-YEAR MARKET VALU	E	
(G) ADAGE CAPITAL	11,698,121.	END-OF-YEAR MARKET VALU	E	
(H) CANYON CAPITAL ADVISORS	1,961,636.	END-OF-YEAR MARKET VALU	E	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	76,394,138.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year marke	et value
(1)			<u> </u>	
(2)				
(3)				
(4)				
(5)				
(6)	. , .			
(7)				
(8)				
(9)				
Total. (Col (b) must equal Form 990, Part X, col. (B) line 13.)			-	<u>,-</u>
Part IX Other Assets.		***	* *	
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	11d See Form 990. Part X. line 15		
	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	e 15.)		D	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, lir	ne 25.	
1. (a) Description of liability		b) Book value		
(1) Federal income taxes				
(2) LIABILITIES ASSOCIATED WITH SPLIT INTE	REST			
(3) AGREEMENTS		7,374,299.		
(4)				
(5)				
(6)				
(7)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

 \triangleright

(8) (9)

SEE PART XIV FOR CONTINUATIONS

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

7,374,299.

	edule D (Form 990) 2013	THE VERMONT COMMUNITY FOUNDATION		22-2712160	Page 4
Pai	rt XI Reconciliation of	f Revenue per Audited Financial S	tatements With Reveni	le per Return.	
	Complete if the organ	nization answered "Yes" to Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and otl	ner support per audited financial statements		1	
2	Amounts included on line 1 l	but not on Form 990, Part VIII, line 12:			-
а	Net unrealized gains on inve	stments	2a		
b	Donated services and use of	facilities	2b		
С	Recoveries of prior year gran	nts	2c		
d	Other (Describe in Part XIII)	•	2d		
	Add lines 2a through 2d	•	<u>-</u>	2e	
3	Subtract line 2e from line 1	•		3	
4		990, Part VIII, line 12, but not on line 1:			
а		cluded on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	,	4b		
	Add lines 4a and 4b			4c	
		nd 4c. (This must equal Form 990, Part I, line 1	21	5	
		of Expenses per Audited Financial			
		nization answered "Yes" to Form 990, Part IV,			
1		per audited financial statements	124,	11	
1	·				
2		out not on Form 990, Part IX, line 25:	ا ما		
		Tacilities ,	2a		
	Prior year adjustments		2b		
	Other losses		2c		
	Other (Describe in Part XIII.)		2d	f	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 9	990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, line	18)	5	
Pa	rt XIII Supplemental in	formation.			
rov	ide the descriptions required t	for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4; Part IV, lines 1b and 2b, P	art V, line 4, Part X, line 2, Pa	art XI,
nes	2d and 4b, and Part XII, lines	2d and 4b. Also complete this part to provide	any additional information.		
ARI	V, LINE 4:				
XPI	LANATION: THE VERMONT (COMMUNITY FOUNDATION HELPS TO BUILD	PHILANTHROPIC		
ESC	OURCES TO SUSTAIN HEALT	THY AND VITAL VERMONT COMMUNITIES.	THE		
OUN	NDATION PROVIDES PHILAN	THROPISTS WITH THE KNOWLEDGE, SKII	LS AND MEANS		
O M	MAKE THE MOST OF THEIR	CHARITABLE GIVING WHILE ENSURING T	THAT CHARITABLE		
API	TAL PROMOTES SOCIAL, E	ENVIRONMENTAL AND ECONOMIC HEALTH.			
					-
			-		£
					_
		 			-

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (b) Rock value (c) Method of value				
(including name of security)	(b) Book value	Cost or end-of-year market value		
ADDISON CLARK	1,159,274.	PMV		
PORESTER PARTNERS L.P.	4,742,647.	FMV		
TIGER CONSUMER PARTNERS	1,077,247.	FMV		
TIFF PRIVATE EQUITY	2,592,172.	FMV		
TIFF SECONDARY PARTNERS	731,978.	FMV		
FLAG ENERGY AND RESOURCES PARTNERS	424,037.	FMV		
FLAG REAL ESTATE PARTNERS	939,102.	FMV		
WESTWOOD GLOBAL INVESTMENTS	3,133,836.	FMV		
FOCUSED INVESTORS	5,529,670.	FMV		
CEVIAN CAPITAL	1,383,683.	FMV		
MASON CAPITAL	1,988,828.	FMV		
REGIMENT CAPITAL	2,354,353.	FMV		
THELEME	1,054,756.	FMV		
LYME TIMBER	333,454.	FMV		
LANSDOWNE PARTNERS	2,237,902.	FMV		
BRENNER WEST	1,314,474.	FMV		
GEM REALTY	50,442.	PMV		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2013

Open to Public

Department of the Treasury ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** THE VERMONT COMMUNITY FOUNDATION 22-2712160 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes L the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees, agents, and expenditures offices (by type) (e g, fundraising, program is a program service, for and ın the region describe specific type independent services, investments, grants to investments contractors recipients located in the region) of service(s) in region in region ın region CENTRAL AMERICA AND THE CARIBBEAN 0 INVESTMENTS 15,723,805. 0 15,723,805. 3 a Sub-total **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a and 3b) 0 15,723,805.

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

Schedule F (Form 990) 2013

THE VERMONT COMMUNITY FOUNDATION

Schedule F (Form 990) 2013

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.

valuation (book, FMV, appraisal, other) (i) Method of (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount (d) Purpose of grant (c) Region and EIN (if applicable) (b) IRS code section (a) Name of organization N

Schedule F (Form 990) 2013

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

THE VERMONT COMMUNITY FOUNDATION

Schedule F (Form 990) 2013

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

Page 3

22-2712160

Schedule F (Form 990) 2013 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

Part	IV	Foreign Forms		
1	orga	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the inization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	X Yes	□ No
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	qual Info	the organization a direct or indirect shareholder of a passive foreign investment company or a lifted electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. Instructions for Form 8621)	x Yes	□ No
5	the c	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain again Partnerships. (see Instructions for Form 8865)	Yes	X No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If it is, "the organization may be required to file Form 5713, International Boycott Report. (see Instructions form 5713)	Yes	X No

Schedule F (Form 990) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Information a	bout Schedule G (Form 990 or 990-EZ)				oulform 000	Inspection		
Name of the organization	Bout Senegale a (oim 355 or 356 E2)	and its	111300	icuona la actività il co		er identification number		
THE VERMONT	r COMMUNITY FOUNDATION				22-271	2160		
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 9	90-EZ filers are not		
1 Indicate whether the organization rais		na acti	vities.	Check all that apply				
a Mail solicitations	· · · · ·			overnment grants				
b Internet and email solicitations f Solicitation of government grants								
c Phone solicitations	g Special	fundra	using	events				
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding o	fficers, directors, tru:	stees or			
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	undraising services?	,	Yes No		
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser	ris to be		
compensated at least \$5,000 by the	organization.							
	·	(iii)	Did		(v) Amount p	paid () A		
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser ustody trol of	(iv) Gross receipts	to (or retained	d by) to (or retained by)		
or entity (fundraiser)		or con	trol of utions?	from activity	fundraiser listed in col (i)	Organization		
		Yes	No					
			110					
								
								
		•						
· · · · · · · · · · · · · · · · · · ·								
		L						
Total								
3 List all states in which the organization	on is registered or licensed to solicit (contrib	utions	L	t it is exempt f	rom registration		
or licensing.	The regional of meaning to combit			or ride been rietiliet	a it io oxompt i	rom region anom		
		_	_					
		_						
-								
				 				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 THE VERMONT COMMUNITY FOUNDATION 22-27	12160	Page 3 _
11	Does the organization operate gaming activities with nonmembers?	└── Yes	L∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in.	1 1	
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[.55]	
	Enter the hand and address of the person who propares the organization organization of gaming special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
С	If "Yes," enter name and address of the third party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		,
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
Ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	inoc 0 Oh 1	0b 15b
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		
_			
			

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number

	THE VERMONT COMMUNITY FOUNDATION	ATION					22-2712160
Part General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the	s amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	on X
 Under the base of award the United Station of States. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	ocedures for mont	coring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	ınızation answered "Y	es" to Form 990, Part I	/, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	led			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED			0.	0.			
2 Enter total number of section 501(c)(3) and government organizations	and government organiza	ganizations listed in the	listed in the line 1 table				

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. O.FMV O.FMV O.FMV O FMV (d) Amount of non-cash assistance 635. 108,276. 10,049, 15,620. 42 (c) Amount of cash grant FOR ALL DISCRETIONARY AND FIELD OF INTEREST FUNDS, GRANTEES ARE REQUIRED TO 332102 10-29-13 LETTER THAT STATES "DEPOSIT OF THIS CHECK SIGNIFIES YOUR ACCEPTANCE OF THIS THE PROGRAM IDENTIFYING THE RESULTS AND ACCOMPLISHMENTS OF THE PROGRAM, EXPLANATION: GRANTS AWARDED FROM DONOR ADVISED FUNDS ARE ACCOMPANIED BY A GRANTS AWARDED FROM DONOR ADVISED FUNDS, REPORTS ARE REQUESTED AT THE END PLEASE CONTACT THE VERMONT COMMUNITY FOUNDATION." IN ADDITION, FOR SOME AWARD, YOUR INTENT TO COMPLY WITH THE STATED GRANT PURPOSE, AND AS OUR IF YOU ARE UNABLE TO FULLFILL THIS PURPOSE, 54 (b) Number of recipients (a) Type of grant or assistance EMPLOYEE HARDSHIP & DISASTER RELIEF RECEIPT FOR THIS PAYMENT. EDUCATIONAL SCHOLARSHIPS DISASTER RELIEF PART I, LINE 2: ART AWARDS Part III O.P.

Page 2

22-2712160

THE VERMONT COMMUNITY FOUNDATION

Schedule | (Form 990) (2013)

Schedule I	(Form 990) THE VERMONT COMMUNITY FOUNDATION	22-2712160	Page 2
Part IV	(Form 990) THE VERMONT COMMUNITY FOUNDATION Supplemental Information		
PROVIDE	A REPORT TO THE FOUNDATION UPON PROGRAM COMPLETION OR WITHIN ONE		
		*	-
YEAR OF	GRANT AWARD.		
			
		·	
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		-	

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		 	-

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE VERMONT COMMUNITY FOUNDATION

Employer identification number

22-2712160

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

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

Schedule J (Form 990) 2013

THE VERMONT COMMUNITY FOUNDATION

Schedule J (Form 990) 2013

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

22-2712160

Page 2

For each individual whose compensation must be reported in 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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(O)·(I)(B)	reported as deferred in prior Form 990
(1) STUART COMSTOCK-GAY	Ξ	174,103.	0	8,000	13,580.	18,392.	214,075.	0
PRESIDENT & CEO	<u> </u>		0	0.	0	0	0	0
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332112				Ļ			Schedu	Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.us.gov/form990

Name of the organization

THE VERMONT COMMUNITY FOUNDATION

Employer identification number

	THE VERMONT COMMUN	ITY FOUND	ATION		22-271	2160		
Pai	t 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 de noncash contribu	etermir		ts
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	69	6,769,657.	FAIR MARKET VALU	E		
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 Other ()							
25 26	Other () Other ()							
27	Other ()			-				
28	Other ()			- ,, ,	 .		•••	
20 29	Number of Forms 8283 received by the organic	zation durin	the tax year for c	ontributions				
	for which the organization completed Form 82		-					
							Yes	No
30a	During the year, did the organization receive by	y contribution	on any property rec	oorted in Part I, lines 1 - 28, t	hat it must hold for			
	at least three years from the date of the initial	•						
	the entire holding period?		,		,p - p p	30a	Ì	х
b	If "Yes," describe the arrangement in Part II.		•					
31	Does the organization have a gift acceptance i	oolicy that re	equires the review	of any non-standard contrib	utions?	31	x	
32a	Does the organization hire or use third parties				•			
	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) t	or a type of proper	rty for which column (a) is ch	ecked,		:	
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) ((2013)

332141 09-03-13

332142 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Inspection

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. irs gov/form990 **Employer identification number**

THE VERMONT COMMUNITY FOUNDATION 22-2712160 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VERMONT COMMUNITIES. THE FOUNDATION PROVIDES PHILANTHROPISTS WITH THE KNOWLEDGE, SKILLS AND MEANS TO MAKE THE MOST OF THEIR CHARITABLE GIVING WHILE ENSURING THAT CHARITABLE CAPITAL PROMOTES SOCIAL, ENVIRONMENTAL AND ECONOMIC HEALTH, FORM 990 PART III LINE 1 DESCRIPTION OF ORGANIZATION MISSION: CHARITABLE CAPITAL PROMOTES SOCIAL, ENVIRONMENTAL AND ECONOMIC HEALTH. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: EXPLANATION: WHEN TROPICAL STORM IRENE STRUCK VERMONT IN AUGUST 2011 THE FOUNDATION EFFECTED A RECOVERY PLAN THAT FOCUSED ON AID TO FARMERS MOBILE HOME RESIDENTS. AND NONPROFITS THAT SAW A SPIKE IN NEED AND/OR WHOSE STRUCTURES HAD BEEN DAMAGED. THROUGH 2012, THE FOUNDATION DEPLOYED MORE THAN \$3.8 MILLION SINCE THE STORM STRUCK TO THE AFFECTED AREAS TO AID IN RECOVERY AND HELP THOSE AFFECTED BEGIN TO PIECE THEIR LIVES AND THEIR COMMUNITIES BACK TOGETHER. THE FOUNDATION COMPLETED ITS DIRECT PROGRAMMATIC EFFORTS IN EARLY 2013. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE FOUNDATION HAS AT LEAST 25, BUT NOT MORE THAN 200 MEMBERS. THE MEMBERSHIP SHALL INCLUDE REPRESENTATION FROM EACH COUNTY IN VERMONT. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

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.

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

THE VERMONT COMMUNITY FOUNDATION

► See separate instructions.

2013	Open to Public Inspection

OMB No 1545-0047

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►Information about Schedule R (Form 990) and its instructions is at www.us.gov/form990

Employer identification number 22-2712160

(g) Section 512(b)(13) controlled entity? Ŷ Direct controlling Yes × × entity 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. VERMONT COMMUNITY FERMONT COMMUNITY VERMONT COMMUNITY Direct controlling OUNDATION OUNDATION End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity 509(A)(3) 509(A)(3) 509(A)(3) YPE 1 YPE 1 Total income Exempt Code ਉ section 501(C)(3) 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) /ERMONT /ERMONT Primary activity COMMUNITY FOUNDATION COMMUNITY FOUNDATION Primary activity SUPPORT THE VERMONT 03-0345186, 3 COURT STREET, MIDDLEBURY, VT SUPPORT THE VERMONT SUPPORT THE VERMONT <u>a</u> J. WARREN AND LOIS MCCLURE FOUNDATION, INC. 31-1802348, 3 COURT STREET, MIDDLEBURY, VT -20-0288123PERMANENT FUND FOR VERMONT'S CHILDREN Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity THE HIGH MEADOWS FUND, INC. MIDDLEBURY, VT 05753 COURT STREET Part II 05753

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

332161 09-12-13 LHA

Schedule R (Form 990) 2013

×

POUNDATION

TYPE 1

501(C)(3)

VERMONT

COMMUNITY FOUNDATION

05753

Schedule R (Form 990) 2013 THE VERMONT COMMUNITY FOUNDATION

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

									ľ				
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominan		(f) Share of total	(9) Share of		(h) Disproportionate	(i) Code V-UBI	(j) Genera	(i) (k) General or Percentage	tage
or related organization		(state or foreign country)		excluded from tax under sections 512-514)	n tax under 112-514)	Псоте	end-or-year assets		No No	20 of Schedule K-1 (Form 1065)	le partner? (5) Yes No	ownersi	d L
								•					
													1
						•							
											<u> </u>	_	
],					L						1
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.	ganizations Taxable orporation or trust duri	as a Corpo	oration or Trust Co	mplete if the	organization a	inswered "Yes	on Form 9	90, Part IV,	line 34 b	ecause it had	one or r	nore related	_g
(a)			(p)	(၁)	(9	(e)		Ξ			Ē		ç
Name, address, and EIN of related organization	Nii c	Prim	Primary activity	Legal domicile (state or	Direct controlling entity	ng Type of entity (C corp, S corp,		Share of total income		r a	Percentage ownership	p 512(b)(13)	<u>(2</u> 3,
				roreign country)	•	or tru	st)					Yes	S S
									-			+	
						!							
									\perp				
											!		
332162 09-12-13				n n						Sched	ule R (Fo	Schedule R (Form 990) 2013	013

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	ŝ
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1 p	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				1 d		×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				=	Ī	×
g Sale of assets to related organization(s)				19	Ì	×
h Purchase of assets from related organization(s)	•			1		×
i Exchange of assets with related organization(s)				1;		X
j Lease of facilities, equipment, or other assets to related organization(s)				1		x
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related orga	related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n	×	
 Sharing of paid employees with related organization(s) 				9		×
Control of the state of the sta				ţ		×
Description services to refer on organization (s) for expenses Description of the property of the pro				2 2		×
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered re	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	/olved		
(1) PERMANENT FUND FOR VERMONT'S CHILDREN	ч	95,450.				
(2) HIGH MEADOWS FUND, INC.	ы	102,500.				
(3) J. WARREN AND LOIS MCCLURE POUNDATION, INC.	ч	98,286.				
(4) PERMANENT FUND FOR VERMONT'S CHILDREN	æ	1,482,075.				
(5) J. WARREN AND LOIS MCCLURE FOUNDATION, INC.	ບ	15,000.				
(9)					İ	
332163 08-12-13	54		Schedule R (Form 990) 2013	3 (Form	666	2013

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

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

tage ship	1	1				013
(k) Percent owners						2 (066 r
(j) General or managing partner? Yes No						R (Forn
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No						Schedule R (Form 990) 2013
Disproportional						
(g) Share of end-of-year assets						
(f) Share of total Income						
(e) Are all partners sec 501(c)(3) orgs?					 	
Predominant income (related, unrelated, excluded from fax under section 512-514)						
(c) Legal domicile (state or foreign country)				•		
(b) Primary activity						
(a) Name, address, and EIN of entity						

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Schedule F	(Form 990) 2013	THE VERMONT COMMUNITY FOUNDATION	22-2712160	Page 5
Part VII	(Form 990) 2013 Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).		
_=	T TO TIGO EGGINOTIES STITOS	mation for responses to questions on concedite in (see instructions).		
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Addison Central Supervisory Union	03-6000335	8,512.00	MUNIC	General
49 Charles Avenue,				Purposes
Middlebury,VT 05753				· ·
Addison County Community Action	23-7393720	5,690.00	501C3	General
Group (HOPE)		,		Purposes
282 Boardman Street, P.O. Box 165				,
Middlebury,VT 05753				
Addison County Parent/Child Center	03-0280370	44,900.00	501C3	General
126 Monroe Street, P.O. Box 646				Purposes
Middlebury,VT 05753				
Advance Transit	22-2558708	5,500.00	501C3	General
PO Box 1027,				Purposes
Wilder,VT 05088				
Alice Peck Day Memorial Hospital	02-0222791	16,500.00	501C3	General
Office of Development,125 Mascoma				Purposes
Street				
Lebanon,NH 03766				
Allied Artists of America	13-6116201	6,000.00	501C3	General
15 Gramercy Park South,		3,555.55		Purposes
New York,NY 10003				, a. poses
American Cancer Society, Vermont	13-1788491	26,500.00	501C3	General
Division, Inc.	25 17 00 131	20,000.00	30203	Purposes
237 East Avenue,				
Burlington,VT 05401				
American Red Cross - Northern VT	53-0196605	10,000.00	501C3	General
Chapter		20,000.00		Purposes
29 Mansfield Avenue,				1
Burlington,VT 05401				
Amnesty International USA	52-0851555	5,750.00	501C3	General
5 Penn Plaza, 16th floor,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Purposes
New York,NY 10001				
Audubon Vermont	13-1624102	16,970.58	501C3	General
255 Sherman Hollow Road,				Purposes
Huntington,VT 05462				' '
Barre Presbyterian Church	03-0253496	5,150.00	RELIG	General
78 Summer Street,		1		Purposes
Barrre,VT 05641				
Bennington Free Library	03-0181067	14,305.00	501C3	General
101 Silver Street,				Purposes
Bennington,VT 05201				
Bennington Museum, Inc.	03-0185292	10,000.00	501C3	General
75 Main Street,				Purposes
Bennington,VT 05201				
Bethany Church, UCC	03-6000090	20,000.00	RELIG	General
115 Main Street,				Purposes
Montpelier,VT 05602				
Bethany College	55-0356985	50,000.00	501C3	General
			1 -0-0	1 00

Grant Amount

IRS Code

Purpose

Name and Address	EIN Number	Grant Amount	IRS Code	Purpose
Development Office,Erickson Alumni Center				Purposes
Bethany,WV 26032 Bingham Memorial School, c/o ACSU 49 Charles Avenue, Middlebury,VT 05753	03-0293465	12,467.00	MUNIC	General Purposes
Birds of Vermont Museum 900 Sherman Hollow Road, Huntington,VT 05462	03-0277302	72,345.00	501C3	General Purposes
Boys & Girls Club of Burlington 62 Oak Street, Burlington,VT 05401	03-0179307	11,500.00	501C3	General Purposes
Boys & Girls Club of Rutland County 71-77 Merchants Row,P.O. Box 636 Rutland,VT 05701	31-1653365	5,500.00	501C3	General Purposes
Bradford Public Library 21 South Main Street,P.O. Box 619 Bradford,VT 05033	03-0181210	8,763.00	501C3	General Purposes
Brattleboro Area Drop In Center, Inc. 60 South Main Street,P.O. Box 175 Brattleboro,VT 05302	03-0323807	22,314.00	501C3	General Purposes
Brattleboro Arts Initiative (dba Latchis Arts) 50 Main Street,	03-0231573	6,500.00	501C3	General Purposes
Brattleboro,VT 05301 Brattleboro Memorial Hospital 17 Belmont Avenue, Brattleboro VT 05301	03-0107300	6,500.00	501C3	General Purposes
Brattleboro,VT 05301 Breast Cancer Fund 1388 Sutter Street,Suite 400 San Francisco,CA 94109	94-3155886	7,500.00	501C3	General Purposes
Bridge School 1469 Exchange Street, Middlebury,VT 05753	03-0275055	5,500.00	501C3	General Purposes
BROC - Community Action in Southwestern Vermont 60 Center Street, Rutland,VT 05701	03-0216505	13,400.00	501C3	General Purposes
Brown University Gift Cashier,Box 1877 Providence,RI 02912	05-0258809	12,500.00	501C3	General Purposes
Bryan Memorial Gallery Foundation, Inc. 180 Main Street,P.O. Box 340 Jeffersonville,VT 05464-0340	03-0287574	68,516.00	501c3POF	General Purposes
Burlington City Arts 135 Church Street, Burlington VT, 05401	03-0354963	51,250.00	501C3	General Purposes

Burlington,VT 05401

Name and Address	Ziii i i i i i i i i i i i i i i i i i	Grane / mount		ruipose
Burlington R.U.12? Community Center	03-0360396	5,800.00	501C3	General
255 South Champlain Street, Suite 12,		3,000.00	30103	Purposes
Burlington,VT 05401				1 di poses
Burlington R.U.12? Community Center	03-0360396	10,000.00	501C3	General
255 South Champlain Street, Suite 12,	05 0500550	10,000.00	30103	Purposes
Winooski,VT 05404				Turposes
Burr & Burton Academy	03-0179404	5,500.00	501C3	General
57 Seminary Avenue, PO Box 498	03-0173404	3,300.00	30103	Purposes
Manchester, VT 05254				ruiposes
Calvin Coolidge Memorial Foundation,	03-6009701	29,388.00	501C3	General
Inc.	03-0009701	29,366.00	30163	Purposes
P.O. Box 97,				ruiposes
Plymouth Notch,VT 05056-0097				
Capital Soccer Club	34-2034406	6,000,00	501C3	General
4 North Park Drive,	34-2034400	6,000.00	20162	
Montpelier,VT 05602				Purposes
Castleton State College	03-0213787	7,000.00	MUNIC	General
86 Seminary Street,	03-0213/8/	7,000.00	MUNIC	
Castleton,VT 05735				Purposes
Catamount Film & Arts Co.	03-0276780	12 171 00	F01.C2	Consent
1	03-02/6/80	12,171.00	501C3	General
115 Eastern Avenue, P.O. Box 327				Purposes
St. Johnsbury,VT 05819	22 2520444	F F00 00	F01.63	
Catamount Trail Association	22-2528441	5,500.00	501C3	General
1 Mill Street, Suite 350,Chace Mill				Purposes
Burlington,VT 05401	22 2502000	42.000.00	504.63	
CCTV Center for Media & Democracy	22-2582888	13,000.00	501C3	General
Chittenden Community Television,294				Purposes
North Winooski Avenue, Suites 210-211				
Burlington,VT 05401	F7 1201C02	00.245.00	50463	6
Center for an Agricultural Economy	57-1201683	88,245.00	501C3	General
(CAE) 140 Junction Rd,P.O. Box 422				Purposes
· ·				
Hardwick,VT 05843 Center for Communiction in Medicine	02 0271022	C 500 00	F0163	Constal
	03-0371823	6,500.00	501C3	General
160 Benmont Ave.,P.O. Box 197				Purposes
Bennington,VT 05201	26 4605072	30,000,00	F01.63	Constitution
Center for Mindful Learning, Inc.	36-4695073	20,000.00	501C3	General
P.O. Box 1842,				Purposes
Burlington,VT 05402	F1 0463333	17,000,00	50163	Consessi
Center for Whole Communities	51-0462232	17,000.00	501C3	General
700 Bragg Hill Road,				Purposes
Fayston,VT 05673	02.024.525.4		50163	
Central Vermont Community Action	03-0216254	10,720.00	501C3	General
Council (CVCAC)				Purposes
20 Gable Place,				
Barre,VT 05641	02.022222	75.55.55		
Champlain College	03-0220266	76,651.00	501C3	General

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Name and Address	EIN Number	Grant Amount	IRS Code	Purpose
163 South Willard Street,PO Box 670 Burlington,VT 05401				Purposes
Champlain Housing Trust	22-2536446	86,829.00	501C3	General
88 King Street,				Purposes
Burlington,VT 05401				
Champlain Valley Area Health Education	03-0357255	10,000.00	501C3	General
Center Inc.				Purposes
92 Fairfield St.,				
St. Albans,VT 05478-1728	00.001.000=	10.570.00		
Champlain Valley Office of Economic	03-0216837	49,650.00	501C3	General
Opportunity (CVOEO)				Purposes
255 South Champlain Street, Suite 9,P.O. Box 1603				
Burlington,VT 05402				
Champlain Valley Union High School	03-0216093	11,400.00	MUNIC	General
369 CVU Road,	03 0210033	11,400.00	Wientie	Purposes
Hinesburg,VT 05461			•	, arposes
Chandler Center for the Arts, Inc.	03-0266500	57,750.00	501C3	General
71-73 Main Street,				Purposes
Randolph,VT 05060				·
Child Care Resource	03-0301330	20,000.00	501C3	General
181 Commerce Street,				Purposes
Williston,VT 05495				
Children of the Earth, Inc.	03-0325576	13,000.00	501C3	General
26 Baycrest Drive,				Purposes
South Burlington,VT 05403				
Children's Literacy Foundation (CLIF)	02-0498154	24,750.00	501C3	General
1536 Loomis Hill Road,				Purposes
Waterbury Center,VT 05677	26 4527204	5 000 00	501.00	
Chittenden Children's Advocacy Center	36-4527281	5,800.00	501C3	General
50 Cherry Street, Suite 102 Burlington, VT 05401				Purposes
Chittenden County Regional Planning	03-6015624	20,000.00	MUNIC	General
Commission	03-0013024	20,000.00	WONIC	Purposes
110 West Canal Street, Suite 202,				1 di poses
Winooski,VT 05404				
Christian Camps, Inc.	14-6017995	10,000.00	501C3	General
Deerfoot Lodge,134 Deerfoot Lodge		,	1	Purposes
Road				
Speculator,NY 12164				_
City of Barre, Vermont	03-6000356	58,803.00	MUNIC	General
6 North Main Street,PO Box 418				Purposes
Barre,VT 05641				_
Clarina Howard Nichols Center	03-0282496	31,000.00	501C3	General
PO Box 517,				Purposes
Morrisville,VT 05661	ļ			

24,000.00 RELIG

General

College Street Congregational Church

265 College Street,				Purposes
Burlington,VT 05401				
Committee on Temporary Shelter	03-0285606	178,550.00	501C3	General
179 South Winooski Avenue,P.O. Box				Purposes
1616				
Burlington,VT 05402				
Common Ground Center	03-0343966	5,500.00	501C3	General
473 Tatro Road,				Purposes
Starksboro,VT 05487				
Common Roots Inc	26-4146964	7,500.00	501C3	General
PO Box 9335,				Purposes
South Burlington,VT 04507				
CommonWise Education	45-2201993	13,500.00	501C3	General
212 Battery Street,				Purposes
Burlington,VT 05401				
Community College of Vermont	03-0213787	50,500.00	MUNIC	General
660 Elm Street,P.O. Box 489				Purposes
Montpelier,VT 05601				
Community Health Services of Addison	03-0359531	9,000.00	501C3	General
County (d.b.a. Open Door Clinic)				Purposes
100 Porter Drive,				
Middlebury,VT 05753				
Congregational Church of Vergennes	03-0261193	10,000.00	RELIG	General
10 South Water Street,				Purposes
Vergennes,VT 05491				
Cooperative Fund of New England	03-0264092	7,500.00	501C3	General
5533 Peden Point Rd.,				Purposes
Wilmington,NC 28409				
Corporate Accountability International	41-1322686	13,200.00	501C3	General
10 Milk Street, Suite 610				Purposes
Boston,MA 02108				
Craft Emergency Relief Fund	13-3273980	10,000.00	501C3	General
P.O. Box 838,				Purposes
Montpelier,VT 05601				
Dartmouth-Hitchcock Medical Center	22-2715483	6,050.00	SF-I	General
Office of Development, One Medical				Purposes
Center Drive				
Lebanon,NH 03756	12 2422452	0.250.00	F04.63	
Doctors Without Borders USA, Inc.	13-3433452	8,250.00	501C3	General
PO Box 5030,				Purposes
Hagerstown, MD 21741-5030	61 1672126	10,000,00	E01C3	Conord
Eden People Inspiring Community, Inc. (EPIC)	61-1673126	10,000.00	501C3	General
(EPIC) P.O. Box 157,				Purposes
Eden,VT 05652				
Elderly Services, Inc.	03-0280968	6,750.00	501C3	General
112 Exchange Street,PO Box 581	33 0200300	3,730.00	30103	Purposes
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Purpose

Middlebury,VT 05753		1		
Environmental Defense Fund	11-6107128	5,500.00	501C3	General
1875 Connecticut Ave NW,				Purposes
Washington,DC 20009				
Fairbanks Museum & Planetarium	03-0184732	12,207.00	501C3	General
1302 Main Street,				Purposes
St. Johnsbury,VT 05819	02.040.4550	40,000,00	F04.00	
First Baptist Church of Bennington, Vermont	03-0194558	10,000.00	501C3	General
601 Main Street,				Purposes
Bennington,VT 05201				
Fletcher Allen Health Care	03-0219309	6,000.00	501C3	General
Mail Stop: UHC/Old Hall 4610H4,111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00200	Purposes
Colchester Avenue				,
Burlington,VT 05401		:		
Flyin Ryan Hawks Foundation	38-3848358	7,500.00	501C3	General
59 Northshore Drive,				Purposes
Burlington,VT 05408				
Flynn Center for the Performing Arts	03-0277052	97,900.00	501C3	General
153 Main Street,				Purposes
Burlington,VT 05401	46 2272522	74.022.00	F01C2	Company
Food Connects 19 Church PI #2,	46-2372533	74,923.00	501C3	General
Brattleboro Center,VT 05301				Purposes
Friends of the Vergennes Opera House,	03-0341456	6,000.00	501C3	General
Inc.	33 33 12 133	3,000.00	50205	Purposes
PO Box 88,				F
Vergennes,VT 05491-0088		:		
Friends of the Winooski River	03-0368386	25,500.00	501C3	General
P.O. Box 777,				Purposes
Montpelier,VT 05446				
Fund for North Bennington	03-0335309	21,289.00	501C3	General
23 Mechanic Street,PO Box 803				Purposes
North Bennington,VT 05257	03.0170410	40,000,00		Company
Gifford Medical Center 44 South Main Street, P.O. Box 2000	03-0179418	40,000.00	501C3	General Purposes
Randolph,VT 05060				Purposes
Gilman Housing Trust, Inc. (dba	03-0301520	20,250.00	501C3	General
RuralEdge)				Purposes
48 Elm Street,P.O. Box 259				
Lyndonville,VT 05851				
Goddard College Corporation	03-0179419	44,340.00	501C3	General
123 Pitkin Road,				Purposes
Plainfield,VT 05667				
Good Neighbor Health Clinic	03-0346949	8,500.00	501C3	General
70 North Main Steet,		,		Purposes
White River Junction,VT 05001				[

Name and Address	LIN NUMBER	Grant Amount	ms code	r ui pose
		<u> </u>		
Goodrich Memorial Library, Inc.	03-0184028	35,460.59	501C3	General
202 Main Street,				Purposes
Newport,VT 05855				
Governor's Institutes of Vermont	03-0308967	76,240.00	501C3	General
4049 Williston Road, Suite 4,				Purposes
South Burlington,VT 05403				
Granite United Way - Upper Valley	02-6006033	5,750.00	501C3	General
Region				Purposes
21 Technology Drive, Suite 4,				
West Lebanon,NH 03784				
Grass Roots Art & Community Effort	22-3133388	6,800.00	501C3	General
(GRACE)				Purposes
59 Mill Street,P.O. Box 960				
Hardwick,VT 05843				
Green Mountain College	03-0179299	159,843.00	501C3	General
Development Office, One Brennan Circle				Purposes
Poultney,VT 05764				
Green Mountain Farm-to-School Inc	41-2273707	81,250.00	501C3	General
194 Main Street, Suite 301,				Purposes
Newport,VT 05855				
Green Mountain Horse Association	03-6011708	14,900.00	501C3	General
P.O. Box 8,				Purposes
South Woodstock,VT 05071				
Gross National Happiness USA	27-0951704	10,000.00	501C3	General
P.O. Box 510,				Purposes
Waitsfield,VT 05673				
Guide Dog Foundation For The Blind, Inc.	11-1687477	5,250.00	501C3	General
371 East Jericho Turnpike,				Purposes
Smithtown,NY 11787-2976	<u>L</u>			j
Hartford Memorial Middle School	03-6000504	9,966.73	MUNIC	General
245 Highland Avenue,				Purposes
White River Junction, VT 05001				
Health Care Without Harm	52-2358837	20,000.00	501C3	General
12355 Sunrise Valley Drive, Suite 680				Purposes
Reston,VA 20191				
Health-Care and Rehabilitation Services	23-7017624	7,500.00	501C3	General
of Southeastern Vermont				Purposes
390 River Street,	-			
Springfield,VT 05156-2226				
Helen Day Art Center	03-0284825	7,502.00	501C3	General
P.O. Box 411,				Purposes
Stowe,VT 05672				
Henry Sheldon Museum of Vermont	03-0190481	25,750.00	501C3	General
History				Purposes
One Park Street,				·
Middlebury,VT 05753				
High Horses Therapeutic Riding Program	02-0461109	6,328.00	501C3	General
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2727 Christian Street, P.O. Box 681				Purposes
Norwich,VT 05055				
Home Share Now	27-3246501	6,750.00	501C3	General
105 North Main Street, Suite 103		•		Purposes
Barre,VT 05641-4121				·
Hospice Volunteer Services	03-0286587	19,035.00	501C3	General
63 Maple Street, P.O. Box 772				Purposes
Middlebury,VT 05753				
Howard Center	03-0179433	5,540.62	501C3	General
208 Flynn Avenue, Suite 3J				Purposes
Burlington,VT 05401				·
Hunger Free Vermont	03-0336357	70,405.00	501C3	General
38 Eastwood Drive, Suite 100		-		Purposes
South Burlington, VT 05403				
Informed Green Solutions Inc	26-4427379	10,000.00	501C3	General
P.O. Box 60,		, -		Purposes
East Burke,VT 05832				,
In-Sight Photography Project, Inc.	03-0338482	15,250.00	501C3	General
45 Flat Street, Suite 1,		,		Purposes
Brattleboro,VT 05301				'
Institute for Sustainable Communities	22-3098727	17,750.00	501C3	General
535 Stone Cutters Way,		,		Purposes
Montpelier,VT 05602				
Interfaith Council of the Northshire	03-0259208	6,200.00	501C3	General
PO Box 2544,		,		Purposes
Manchester Center,VT 05255				· '
Intervale Center, Inc.	03-0329656	32,303.00	501C3	General
180 Intervale Road,		·		Purposes
Burlington,VT 05401				·
John W. Graham Emergency Shelter	03-0275219	32,600.00	501C3	General
69 Main Street,		·		Purposes
Vergennes,VT 05443				
Johnson State College	03-0213787	15,000.00	MUNIC	General
Office of Development,337 College Hill		·		Purposes
Johnson,VT 05656-9464				
King Street Center	23-7236312	31,500.00	501C3	General
87 King Street, P.O. Box 1615		•		Purposes
Burlington,VT 05402-1615				
Kingdom County Productions	03-0328686	36,000.00	501C3	General
949 Somers Road,				Purposes
Barnet,VT 05821				,
Kripalu Center for Yoga & Health	23-1718197	50,000.00	501C3	General
P.O. Box 309,		,		Purposes
Stockbridge,MA 01262				,
Lake Champlain Basin Science Center	03-0347288	12,000.00	501C3	General
(ECHO)		,	-	Purposes
d/b/a ECHO Lake Aquarium and Science				,

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Center,1 College Street		T .		
Burlington,VT 05401				
Lake Champlain Chamber Music Festival	26-2757906	27,250.00	501C3	General
20 Winooski Falls Way, Suite 7,				Purposes
Winooski,VT 05404				
Lake Champlain Committee	22-2482466	19,987.66	501C3	General
208 Flynn Avenue, Building 3, Studio 3F				Purposes
Burlington,VT 05401				, a. posso
Lake Champlain Land Trust	03-0267331	65,250.00	501C3	General
One Main Street, Suite 205				Purposes
Burlington,VT 05401				
Lake Champlain Land Trust	03-0267331	9,000.00	501C3	General
One Main Street, Suite 205				Purposes
Burlington,VT 05401				
Lake Champlain Maritime Museum	22-2570380	7,500.00	501C3	General
4472 Basin Harbor Road,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Purposes
Vergennes,VT 05491				, a. pooc
Lake Champlain Waldorf School	03-0296320	122,286.24	501C3	General
359 Turtle Lane,				Purposes
Shelburne,VT 05482				· p = = = =
Lamoille Area Cancer Network	20-5778212	10,000.00	501C3	General
P.O. Box 38,				Purposes
Lake Elmore,VT 05675				
Lamoille Community Food Share	01-0760865	20,000.00	501C3	General
197 Harrel Street, P.O. Box 173				Purposes
Morrisville,VT 05661				'
Lamoille Family Center	03-0277640	35,000.00	501C3	General
480 Cady's Falls Road,				Purposes
Morrisville,VT 05661				
Lamoille Home Health & Hospice	03-0224616	8,000.00	501C3	General
54 Farr Avenue,				Purposes
Morrisville,VT 05661				
Lamoille North Supervisory Union	03-0218296	20,000.00	MUNIC	General
95 Cricket Hill Road,				Purposes
Hyde Park,VT 05655				
Laraway Youth and Family Services	03-0276110	14,250.00	501C3	General
275 Rt. 15 West,P.O. Box 621				Purposes
Johnson,VT 05656				
Lebanon College	02-6007918	6,000.00	501C3	General
15 Hanover Street,				Purposes
Lebanon,NH 03766				
Lincoln Library, Inc.	03-0301455	18,000.00	501C3	General
222 West River Road,				Purposes
Lincoln,VT 05443				
Linking Learning to Life	33-1027907	20,000.00	501C3	General
52 Institute Road,				Purposes
Burlington,VT 05401				

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name and hadress		Grant / infoanc	ms code	i di pose
Local Motion	03-0361422	13,356.00	501C3	General
1 Steele Street #103,	05 0501 122	13,330.00	30103	Purposes
Burlington,VT 05401				Turposes
Long Trail School	03-0253366	27,000.00	501C3	General
1045 Kirby Hollow Road,	03 0233300	27,000.00	30103	Purposes
Dorset,VT 05251-9403				ruiposes
Lund Family Center	03-0179434	26,650.00	501C3	General
76 Glen Road,PO Box 4009	05 01/5454	20,030.00	30103	Purposes
Burlington,VT 05406-4009				Turposes
Lyric Theatre	23-7349046	10,000.00	501C3	General
P.O. Box 1688,	25 7 5 4 5 0 4 0	10,000.00	30103	Purposes
Williston,VT 05495				ruiposes
Magicians Without Borders	75-3144325	17,350.00	501C3	General
100 Geary Road,	75-5144525	17,550.00	30103	Purposes
Lincoln,VT 05443				ruiposes
Mark Skinner Library	03-0184260	6,500.00	501C3	General
48 West Road,P.O. Box 438	03-0184200	0,300.00	30103	Purposes
Manchester,VT 05254				ruiposes
Mary Hitchcock Memorial Hospital	02-0222140	65,250.00	501C3	General
DHMC Office of Development,One	02-0222140	03,230.00	30103	Purposes
Medical Center Drive				ruiposes
Lebanon,NH 03756				
ME2/orchestra, Inc.	45-2684239	8,000.00	501C3	General
PO Box 4560,	45 2004255	8,000.00	30103	Purposes
Burlington,VT 05406				Turposes
Meals on Wheels of Lamoille County,	22-3240238	17,500.00	501C3	General
Inc.	22 32 10230	17,500.00	30103	Purposes
24 Upper Main Street,PO Box 1427				, ui poses
Morrisville,VT 05661				
Merck Forest & Farmland Center (MFFC)	03-0184959	79,667.00	501C3	General
P.O. Box 86,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Purposes
Rupert,VT 05768				
Middlebury Area Land Trust	22-2835049	7,597.00	501C3	General
211 Maple Street, Suite 27A,PO Box 804				Purposes
Middlebury,VT 05753				
Middlebury College	03-0179298	26,175.00	501C3	General
Gift Administration Office,5 Court Street				Purposes
Middlebury,VT 05753				
Monteverdi Artists Collaborative	23-7037872	6,000.00	501C3	General
c/o R.M. Wizansky, trustee,1103 Packer				Purposes
Corners Road				,
Guilford,VT 05301	1			
Morningside House, Inc.	03-0267404	37,583.00	501C3	General
P.O. Box 370,				Purposes
Brattleboro,VT 05302				'
Mt. Mansfield Educational Foundation	23-7033219	9,500.00	501C3	General
Inc.				Purposes
	·		<u> </u>	

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Purpose

403 Spruce Peak Road,			-	
Stowe,VT 05672				
Mt. Mansfield Winter Academy	03-0354068	33,000.00	501C3	General
PO Box 3269,		,		Purposes
Stowe,VT 05672				
National Brain Tumor Society	04-3068130	12,500.00	501C3	General
124 Watertown Street, Suite 2D		,		Purposes
Watertown,MA 02472				· ··· · · · ·
National Wildlife Federation	53-0204616	10,000.00	501C3	General
149 State Street, Suite 1,		,		Purposes
Montpelier,VT 05602-2965	1			· · · ·
Nature Conservancy, Vermont Chapter	53-0242652	34,353.67	501C3	General
27 State Street, Suite 4,	55 52 12552	0 1,000.07	00_00	Purposes
Montpelier,VT 05602				1 4
Nokota Horse Conservancy	31-1672930	10,000.00	501C3	General
Route #1, Box 57,2160 76th Street, SE				Purposes
Linton,ND 58552				
Norman Williams Public Library	03-0179304	6,000.00	501C3	General
10 The Green,		3,222.22		Purposes
Woodstock,VT 05091				· · · ·
North Country Animal League	03-0344067	15,000.00	501C3	General
16 Mountain View Rd,		,		Purposes
Morrisville,VT 05661	İ			· ··· · · · · · · · · · · · · · · ·
North Hero Historical Society	05-0468580	26,476.00	501C3	General
Box 175,		,		Purposes
North Hero,VT 05474				
Northeast Kingdom Community Action,	03-0276709	13,400.00	501C3	General
Inc.		·		Purposes
70 Main Street, P.O. Box 346				,
Newport,VT 05855				
Northeast Kingdom Council on Aging	03-0272861	13,000.00	501C3	General
d.b.a. Area Agency on Aging for		·		Purposes
Northeastern Vermont,481 Summer				,
Street, Suite 101				
St. Johnsbury,VT 05819				
Northeast Kingdom Learning Services	22-3113459	20,000.00	501C3	General
1 Main Street,				Purposes
Newport,VT 05855	<u> </u>			
Northeast Kingdom Youth Services	03-0258845	27,700.00	501C3	General
24 Bagley Street,				Purposes
St. Johnsbury,VT 05819				
Northeast Organic Farming Association	22-3260420	65,494.00	501C3	General
of Vermont (NOFA-VT)				Purposes
14 Pleasant Street,P.O. Box 697				
Richmond,VT 05477				
Northeastern Vermont Area Health	04-3366707	10,000.00	501C3	General
Education Center				Purposes

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Name and Address	EIN Number	Grant Amount	IRS Code	Purpose
347 Emerson Falls Rd, Ste 3,	T			
St. Johnsbury,VT 05819				
Northern Counties Health Care, Inc.	51-0199559	9,000.00	501C3	General
165 Sherman Drive,				Purposes
St. Johnsbury,VT 05819				
Northern Stage	04-3387268	5,250.00	501C3	General
76 Gates Street, P.O. Box 4287				Purposes
White River Junction, VT 05001				
NorthWoods Stewardship Center	03-0346759	9,483.00	501C3	General
154 Leadership Drive,P.O. Box 220				Purposes
East Charleston,VT 05833				
Orleans Southwest Supervisory Union	03-0277676	9,000.00	MUNIC	General
157 Daniels Road,PO Box 388				Purposes
Hardwick,VT 05843				
Ottauquechee Community Partnership	04-3821026	5,750.00	501C3	General
P.O. Box 181,				Purposes
Woodstock,VT 05091				
Ottauquechee Health Foundation	03-0197766	8,900.00	501C3	General
32 Pleasant Street, P.O. Box 784				Purposes
Woodstock,VT 05091				·
Our Place Drop-In Center	03-0333339	11,550.00	501C3	General
4 Island Street, P.O. Box 852		,		Purposes
Bellows Falls,VT 05101				'
Outright Vermont	03-0323843	35,000.00	501C3	General
241 North Winooski Ave,P.O. Box 5235				Purposes
Burlington,VT 05402				
Oxfam America	23-7069110	6,000.00	501C3	General
Donations Department,226 Causeway				Purposes
Street, 5th Floor				
Boston,MA 02114				
Paramount Center, Inc.	22-2528303	12,000.00	501C3	General
30 Center Street,				Purposes
Rutland,VT 05701	1			
Partners in Health	04-3567502	6,250.00	501C3	General
P.O. Box 996,				Purposes
Frederick,MD 21705				
Pawlet Scholarships, Inc.	05-0632826	22,995.00	501C3	General
P.O. Box 206,				Purposes
Pawlet,VT 05761			!	
Peace & Justice Center	03-0281472	7,500.00	501C3	General
60 Lake Street, Suite #1C,				Purposes
Burlington,VT 05401				'
Peacham Congregational Church	03-6009605	9,532.00	RELIG	General
P.O. Box 205,				Purposes
Peacham,VT 05862				'
Permanent Fund for the Wellbeing of	31-1802348	1,482,074.67ÿ	501C3	General
Vermont Children				Purposes

				. с. росс
3 Court Street,				
Middlebury,VT 05753				
Planned Parenthood of Northern New	03-0222941	56,050.00	501C3	General
England			33233	Purposes
128 Lakeside Ave, Ste 301,				
Burlington,VT 05401-5906				
Pope Memorial Library	03-6005659	10,638.00	501C3	General
121 Park Street, P.O. Box 260		,		Purposes
Danville,VT 05828				•
Poultney Food Shelf	03-0323097	10,000.00	501C3	General
P. O. Box 96,		,		Purposes
E. Poultney,VT 05741				•
Poultney Mettowee Natural Resources	03-0237066	16,380.00	501C3	General
Conservation District		, ,		Purposes
P.O. Box 209,				
Poultney,VT 05764				
Preservation Trust of Vermont	03-0281195	113,047.33	501C3	General
104 Church Street, Suite 21,		,		Purposes
Burlington,VT 05401-4449				'
Prevent Child Abuse Vermont	03-0267183	10,000.00	501C3	General
P.O. Box 829,			,	Purposes
Montpelier,VT 05601				,
ProPublica	14-2007220	50,000.00	501C3	General
One Exchange Plaza,55 Broadway, 23rd		,		Purposes
Floor				,
New York,NY 10006				
Public Assets Institute	16-1703662	10,000.00	501C3	General
P.O. Box 942,				Purposes
Montpelier,VT 05601				·
ReSOURCE: A Nonprofit Community	03-0326293	24,750.00	501C3	General
Enterprise				Purposes
266 Pine Street,				
Burlington,VT 05401				
River Arts of Morrisville, Inc.	03-0368569	38,543.00	501C3	General
74 Pleasant Street, P.O. Box 829				Purposes
Morrisville,VT 05661				
Rural Education Action Project	22-3045871	6,500.00	501C3	General
15 Barre Street,				Purposes
Barre,VT 05602				
Rutland City Public Schools	30-0511861	6,000.00	MUNIC	General
6 Church Street,				Purposes
Rutland,VT 05701				
Rutland City Public Schools	30-0511861	7,073.00	MUNIC	General
6 Church Street,				Purposes
Rutland,VT 05701		<u> </u>		
Rutland City Rescue Mission, Inc. (d.b.a.	03-6012510	9,200.00	501C3	General
Open Door Mission)	<u> </u>	<u>L</u> _		Purposes

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Traine and Address		Grant / infoant		. a. pose
P.O. Box C,31 Park Street				
Rutland,VT 05701				
Rutland County Humane Society	03-6006930	19,485.00	501C3	General
765 Stevens Road,		13,103.00	30103	Purposes
Pittsford,VT 05763				. a. poses
Rutland Health Foundation	03-0349881	14,532.00	501C3	General
433 West Street,	03 03 13001	14,552.00	30103	Purposes
Rutland,VT 05701				, al poses
Rutland Region Education Corporation	03-0353236	20,000.00	501C3	General
PO Box 6015,				Purposes
Rutland,VT 05701				, a. poses
Saint Michael's College	03-0179403	34,500.00	501C3	General
One Winooski Park,		3 1,300.00	00200	Purposes
Colchester,VT 05439				россо
Salvation Farms	45-2954564	18,800.00	501C3	General
PO Box 1174,				Purposes
Morrisville,VT 05661				
Samaritan House, Inc.	03-0330331	19,600.00	501C3	General
20 Kingman Street, Suite #1,		,	•	Purposes
St. Albans,VT 05478				'
Sara Holbrook Community Center	03-0179595	5,250.00	501C3	General
66 North Avenue,		·		Purposes
Burlington,VT 05401				·
Shelburne Farms	03-0229347	25,213.34	501C3	General
1611 Harbor Road,				Purposes
Shelburne,VT 05482				
Shelburne Farms	03-0229347	75,000.00	501C3	General
1611 Harbor Road,				Purposes
Shelburne,VT 05482				
Shelburne Museum	03-0179436	29,936.00	501C3	General
5555 Shelburne Road,P.O. Box 10		:		Purposes
Shelburne,VT 05482				
Snelling Center for Government	03-0335399	39,413.00	501C3	General
6221 Shelburne Road,P.O. Box 698				Purposes
Shelburne,VT 05482				
Southern Vermont Area Health	03-0360193	9,600.00	501C3	General
Education Center, Inc.				Purposes
55 Clinton Street,				
Springfield,VT 05156				
Southern Vermont Arts Center	03-0186501	20,250.00	501C3	General
West Road,P.O. Box 617				Purposes
Manchester,VT 05254	<u> </u>			
Southwestern Vermont Health Care	03-0179435	10,000.00	501C3	General
Corporation				Purposes
Foundation Office,100 Hospital Drive,				
Box 41				
Bennington,VT 05201				

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	2	oranc, anounc		r di pose
Spectrum Youth and Family Services	03-0253232	28,050.00	501C3	General
31 Elmwood Avenue,		,		Purposes
Burlington,VT 05401	ļ			
Springfield Family Center	03-0265213	15,200.00	501C3	General
365 Summer Street,	05 0203213	15,200.00	30103	Purposes
Springfield,VT 05156				1 di poses
Stanford University School of Medicine	94-1156365	15,000.00	501C3	General
Gift Processing, P.O. Box 20466	34 1130303	15,000.00	30103	Purposes
Stanford,CA 94309				1 di poses
Stern Center for Language and Learning	22-2485793	7,250.00	501C3	General
183 Talcott Rd, Ste 101,	22-2403733	7,230.00	30103	Purposes
Williston,VT 05495-2075				ruiposes
Stowe Land Trust	03-0307155	6,000.00	501C3	General
P.O. Box 284,	03-0307133	0,000.00	30103	Purposes
Stowe,VT 05672				Fulposes
Strolling of the Heifers, Inc.	02-0638820	12,500.00	501C3	General
105 Partridge Road,	02-0038820	12,300.00	50103	Purposes
East Dummerston,VT 05346				ruiposes
Studio Place Arts	03-0357848	6,500.00	501C3	General
201 North Main Street,	03-0337848	0,300.00	30103	Purposes
Barre,VT 05641				Purposes
Sustainable Harvest International	43-2023182	6,250.00	501C3	General
104 Main Street,P.O. Box 1447	43-2023102	0,230.00	30103	
Ellsworth,ME 04605				Purposes
Sustainable Health Enterprises	30-0502122	6,000.00	501C3	General
260 Fifth Avenue, 9th Floor,	30-0302122	6,000.00	30103	
New York,NY 10001				Purposes
The DREAM Program, Inc.	26-0030908	20,477.00	501C3	General
87 Elm Street, P.O. Box 361	20-0030908	20,477.00	30103	Purposes
Winooski,VT 05404				ruiposes
The Garland School	90-0496179	9,980.64	501C3	General
P.O. Box 2426,	30-0430173	9,360.04	30103	Purposes
Brattleboro,VT 05303				ruiposes
The Johnson Foundation	38-3675289	10,000.00	501c3POF	General
33 East Four Mile Road,	36-30/3269	10,000.00	30103707	Purposes
Racine, WI 53402				Fulposes
The Mentor Connector	65-1290104	10,500.00	501C3	General
88 Park Street,P.O. Box 1617	03-1290104	10,300.00	30103	!
Rutland,VT 05702				Purposes
The University of Vermont Foundation	45-1556038	5,750.00	501C3	General
Grasse Mount Building,411 Main Street	43-1330038	3,750.00	20102	
Burlington				Purposes
Burlington Burlington,VT 05401				
	22 2022070	0.207.00	F01C3	Concret
The Williamstown Endowment Fund, Inc.	22-3032870	9,307.00	501C3	General
P.O. Box 315,				Purposes
Williamstown,VT 05679	12 2420224	35.000.00	50163	Communication
Tibet House	13-3438221	25,000.00	501C3	General

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22 West 15th Street,				Purposes
New York,NY 10011				·
Tinmouth School	03-6000712	12,281.00	MUNIC	General
573 Route 140,		•		Purposes
Tinmouth,VT 05773				
Town Hall Theater, Inc.	03-0358794	38,000.00	501C3	General
68 South Pleasant Street, P.O. Box 128		•		Purposes
Middlebury,VT 05753				
Town of Brattleboro	03-6000393	82,000.00	MUNIC	General
Administrative Offices,230 Main Street		,		Purposes
Brattleboro,VT 05301				
Town of Peacham	03-6000621	9,500.00	MUNIC	General
P.O. Box 244,		- ,		Purposes
Peacham,VT 05862				
Town of Plainfield	03-6000626	7,100.00	MUNIC	General
149 Main Street,PO Box 217		,		Purposes
Plainfield,VT 05667			:	
Town of Shelburne	03-6000683	31,867.00	MUNIC	General
P.O. Box 88,		,		Purposes
Shelburne,VT 05482				
Town of Tinmouth - TCF	03-0221987	19,700.00	MUNIC	General
515 North End Road,		•	_	Purposes
Tinmouth,VT 05773				,
Town of Williston/Dorothy Alling	03-6000768	9,138.00	MUNIC	General
Memorial Library		·		Purposes
21 Library Lane,				· ·
Williston,VT 05495				
Twin Pines Housing Trust	22-2809527	6,500.00	501C3	General
240 South Main Street, Suite #4				Purposes
White River Jct.,VT 05001				,
U.S. Fund for UNICEF	13-1760110	6,750.00	501C3	General
125 Maiden Lane,				Purposes
New York,NY 10038				
UC Santa Barbara Foundation	23-7314834	49,000.00	501C3	General
Office of Development,4219 Cheadle				Purposes
Hall				
Santa Barbara,CA 93106				
United Christian Academy	03-0345986	21,756.62	501C3	General
65 School Street,				Purposes
Newport,VT 05855				
United Way of Addison County	03-0221018	24,254.00	501C3	General
48 Court Street, P.O. Box 555				Purposes
Middlebury,VT 05753				
United Way of Chittenden County	03-0217229	25,642.00	501C3	General
412 Farrell Street, Suite 200,				Purposes
South Burlington, VT 05403				
University of Denver	84-0404231	25,000.00	501C3	General

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2190 E. Asbury Avenue,				Purposes
Denver,CO 80208				·
Upper Valley Haven	03-0277908	19,200.00	501C3	General
713 Hartford Avenue,				Purposes
White River Junction, VT 05001				
Vermont Agency of Agriculture, Food	03-6000264	28,860.00	MUNIC	General
and Markets				Purposes
116 State Street,				·
Montpelier,VT 05620			į	
Vermont Agency of Natural Resources	03-6000264	35,000.00	MUNIC	General
1 National Life Drive, Davis 2,				Purposes
Montpelier,VT 05620-3901				·
Vermont Arts Exchange	03-0343015	30,000.00	501C3	General
P.O. Box 725,				Purposes
N. Bennington, VT 05257				
Vermont Assoc. for the Blind & Visually	03-6000834	6,000.00	501C3	General
Impaired (VABVI)				Purposes
60 Kimball Avenue,				
So. Burlington,VT 05403				
Vermont Community Loan Fund	22-2864900	15,750.00	501C3	General
15 State Street, Suite 101,P.O. Box 827				Purposes
Montpelier,VT 05601				
Vermont Community Loan Fund	22-2864900	15,000.00	501C3	General
15 State Street, Suite 101,P.O. Box 827				Purposes
Montpelier,VT 05601				
Vermont Council on Rural Development	03-0354510	76,750.00	501C3	General
43 State Street, Suites 2 & 3,P.O. Box				Purposes
1384				
Montpelier,VT 05601-1384				
Vermont Coverts: Woodlands for	03-0332447	12,472.00	501C3	General
Wildlife				Purposes
P.O. Box 81,				
Middlebury,VT 05753				
Vermont Disaster Relief Fund	45-3660551	333,330.67	501C3	General
P.O. Box 843,				Purposes
Montpelier,VT 05601				
Vermont Family Forests Foundation, Inc.	03-0367215	36,452.00	501C3	General
14 School Street,P.O. Box 254	!			Purposes
Bristol,VT 05443				
Vermont Folklife Center	22-2550951	55,782.00	501C3	General
88 Main Street, Suite 1,				Purposes
Middlebury,VT 05753-1453	ļ			
Vermont Foodbank, Inc.	22-3021942	68,000.00	501C3	General
33 Parker Road, Wilson Industrial Park				Purposes
Barre,VT 05641				
Vermont Historical Society	03-0179602	12,250.00	501C3	General
60 Washington Street,				Purposes

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Barre,VT 05641	T		1.00	
Vermont Housing & Conservation Board	03-0311984	125,000.00	MUNIC	General
58 East State Street,				Purposes
Montpelier,VT 05602				
Vermont Humanities Council	51-0187809	14,318.00	501C3	General
11 Loomis Street,				Purposes
Montpelier,VT 05602				
Vermont Institute of Natural Science	03-0231665	5,713.33	501C3	General
(VINS)				Purposes
6565 Woodstock Road, P.O. Box 1281				
Quechee,VT 05059				
Vermont Journalism Trust	27-1553931	59,000.00	501C3	General
97 State Street,				Purposes
Montpelier,VT 05602				
Vermont Land Trust	03-0264836	667,331.00	501C3	General
8 Bailey Avenue,				Purposes
Montpelier,VT 05602				
Vermont Law School	23-7251952	15,300.00	501C3	General
Chelsea Street, P.O. Box 96				Purposes
South Royalton, VT 05068				
Vermont Natural Resources Council	03-0223731	27,500.00	501C3	General
9 Bailey Avenue,				Purposes
Montpelier,VT 05602				
Vermont Partnership for Fairness &	03-0347216	15,500.00	501C3	General
Diversity				Purposes
18 Town Crier Drive,				
Brattleboro,VT 05301-8669				
Vermont Public Library Foundation	03-0366848	19,690.00	501C3	General
109 State Street,				Purposes
Montpelier,VT 05609				_
Vermont Public Radio	03-0259051	24,975.00	501C3	General
365 Troy Avenue,				Purposes
Colchester,VT 05446				
Vermont Public Television	22-2990644	24,250.00	501C3	General
204 Ethan Allen Avenue,				Purposes
Colchester,VT 05446		96 6-		
Vermont River Conservancy, Inc.	03-0347147	30,500.00	501C3	General
29 Main Street, Suite 11,				Purposes
Montpelier,VT 05602	00.005			
Vermont Scholarship Fund	03-0367034	60,912.83	501C3	General
Vermont Student Assistance				Purposes
Corporation,PO Box 2000				
Winooski,VT 05404-2601	100010			
Vermont Stage Company	30-342411	9,450.00	501C3	General
110 Main Street,				Purposes
Burlington,VT 05401	00.0015151			
Vermont State 4-H Foundation, Inc.	03-6010151	7,466.00	501C3	General

				·
86 Summer Street,	<u></u>			Purposes
Barre,VT 05641				'
Vermont Studio Center	22-2478074	31,437.00	501C3	General
80 Pearl Street, P.O. Box 613				Purposes
Johnson,VT 05656				
Vermont Sustainable Jobs Fund	03-0349736	36,250.00	501C3	General
3 Pitkin Court, Suite 301E				Purposes
Montpelier,VT 05602				
Vermont Sustainable Jobs Fund	03-0349736	20,000.00	501C3	General
3 Pitkin Court, Suite 301E				Purposes
Montpelier,VT 05602				
Vermont Symphony Orchestra Inc.	03-0222134	16,633.00	501C3	General
2 Church Street, Suite 3B				Purposes
Burlington,VT 05401				
Vermont Technical College	03-0213787	5,000.00	MUNIC	General
P.O. Box 500,				Purposes
Randolph Center,VT 05061	02.0242202	15.000.00	504.63	
Vermont Woodlands Association	03-0342303	15,969.00	501C3	General
19 Spellman Terrace,P.O. Box 6004 Rutland,VT 05702-6004				Purposes
Vermont Workers Center	20-0163176	11,500.00	501C3	General
294 North Winooski Ave, #130,	20-0103176	11,300.00	20162	Purposes
Burlington, VT 05401		-		ruiposes
Vermont Works for Women, Inc.	22-2894557	144,000.00	501C3	General
32A Malletts Bay Avenue,	22 2034337	144,000.00	30103	Purposes
Winooski,VT 05404-1960				. di poses
Vermont Youth Conservation Corps	03-0328834	46,101.00	501C3	General
(VYCC)				Purposes
1949 East Main Street,				,
Richmond,VT 05477				
Vermont Youth Orchestra Association,	03-6011271	15,500.00	501C3	General
Inc.				Purposes
Elley-Long Music Center,223 Ethan Allen				
Avenue				
Colchester,VT 05446				
Vermonters for a Clean Environment,	03-0362871	23,500.00	501C3	General
Inc.				Purposes
789 Baker Brook Rd,				
Danby,VT 05739	00.0005305	45 000 00	504.00	
Vermonters for Criminal Justice Reform	80-0906305	15,000.00	501C3	General
177 Locust Terrace,				Purposes
Burlington,VT 05401 Visiting Nurse Association & Hospice of	02 6006404	7 500 00	E01C3	Conoral
VT and NH	03-6006494	7,500.00	501C3	General
66 Benning Street, Suite 6,				Purposes
West Lebanon,NH 03784				
Visiting Nurse Association of Chittenden	03-0179603	14,850.00	501C3	General
Tisking Italiae Association of Chitteriaen	1 03-01/3003	14,630.00	20162	General

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& Grand Isle Counties 1110 Prim Road, Colchester,VT 05446				Purposes
Vital Communities 195 North Main Street, White River Junction,VT 05001	03-0355283	14,800.00	501C3	General Purposes
Vital Communities 195 North Main Street, White River Junction,VT 05001	03-0355283	41,000.00	501C3	General Purposes
VSA Vermont 20 W. Canal St., Suite 8, Winooski,VT 05404	03-0307529	20,000.00	501C3	General Purposes
Washington County Youth Service Bureau and Boys & Girls Club 38 Elm Street, P.O. Box 627 Montpelier, VT 05601	03-0262162	19,600.00	501C3	General Purposes
West Central Services, Inc. c/o West Central Behavioral Health,9 Hanover Street, Suite 2 Lebanon,NH 03766	22-2645978	10,250.00	501C3	General Purposes
Weston Playhouse Theatre Company 703 Main Street, Weston,VT 05161	22-2970343	16,500.00	501C3	General Purposes
Westover School P. O. Box 847, Middlebury,CT 06762-0847	06-0646961	8,000.00	501C3	General Purposes
Wheelock Mountain Farm, Inc. 91 West Wheelock Road, Greensboro Bend,VT 05482	03-0349582	10,000.00	501C3	General Purposes
Windham Child Care Association 130 Birge Street, Brattleboro,VT 05301	03-0286425	5,411.00	501C3	General Purposes
Windham Southeast Supervisory Union 53 Green Street, Brattleboro,VT 05301	03-0215014	11,000.00	MUNIC	General Purposes
Winston L. Prouty Center for Child Development 20 Winston Prouty Way, Brattleboro,VT 05301	03-0229781	45,983.00	501C3	General Purposes
Women Helping Battered Women P.O. Box 1535, Burlington, VT 05402	03-0283657	15,250.00	501C3	General Purposes
Wonder & Wisdom, Inc. P.O. Box 300, Greensboro,VT 05841	05-0501353	10,600.00	501C3	General Purposes
Woodstock Area Council on Aging 99 Senior Lane,	03-0295419	6,300.00	501C3	General Purposes

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Woodstock,VT 05091				
Young Tradition Vermont	27-0338133	20,000.00	501C3	General
P.O. Box 163,				Purposes
Fairfax,VT 05454				