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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

		Imormation about Form 990-PF and its se				romissupt. Otto	
	calen	dar year 2015 or tax year beginning	, 201	5, and (4	, 20
					w Embioke	r identification numbe	न
		BURCHARD MEMORIAL TRUST I street (or P.O. box number if mail is not delivered to street address)	T Dc	/suite	O Tolanh	03-6048114	
		•	Room	vsume	is relepinon	e number (see instructi	ons)
		638, DANIEL BURCHARD TRUSTEE: 1, state or province, country, and ZIP or foreign postal code			I	802-863-3494	
		• • • • • • • • • • • • • • • • • • • •		·	C If exempt	tion application is pendi	ng, check here ▶ 🔲
		TON, VT 05402-0638		4			_
G	Cneck		n of a former public	charity	D 1. Foreign	n organizations, check l	nere . ▶□
		☐ Final return ☐ Amended i ☐ Address change ☐ Name chai				n organizations meeting	
	Obsale	<u> </u>				here and attach computed foundation status was to the computer of the computer	
		type of organization: Section 501(c)(3) exempt p				07(b)(1)(A), check here	
<u> </u>		n 4947(a)(1) nonexempt charitable trust Other tax					
•		arket value of all assets at y Accounting method year (from Part II, col. (c), Other (specify)	: 🗹 Cash 📙 A	ccruai	F If the four	ndation is in a 60-month	termination
	line 16	N	on each have \		unuer se	ction 507(b)(1)(B), checl	there ▶∐
	art I		On Cash Dasis)	· · · · · ·			(d) Duchi wa asasata
	alti	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment	(c) Adjusted net	(d) Disbursements for charitable
S		the amounts, in column (a) (see instructions).),	books	, if	come	rncome	purposes , (cash,basis only),
; —	f f	Contributions, giffs, grants, etc., received (attach schedule)	22 002	製は数		The second of th	rachter before bein 1 2 4 4 4 4 4 4
	2	Check ► if the foundation is not required to attach Sch. B	32,993	がはない世	TO SHIP TO SHIP TO		Managar は、次数の数
	3	Interest on savings and temporary cash investments	183	医 400 生態	183	183	
	4	Dividends and interest from securities	1,471		1,471	1,471	THE STATE OF THE S
	5a	Gross rents	1,471		1,471	1,471	THE PERSON NAMED IN COLUMN
	Ь	Net rental income or (loss)		\$\$67.550°		基础设置的 10.66	AND COMMENTAL OF THE PARTY OF T
0	6a	Net gain or (loss) from sale of assets not on line 10	With the transfer and the second	to District		AND THE RESERVE OF THE PARTY OF	
Revenue	Ь	Gross sales price for all assets on line 6a		17420011-40	1 120 ' THE PARTY OF THE PARTY	1/42 (1) No. 100 (100 (100 (100 (100 (100 (100 (100	
Š	7	Capital gain net income (from Part IV, line 2)	・ 大きでは、	17-4:3MS HM 4 0 17 - L	3 420		CANCEL TOWN TOWN TO THE OWN
æ	8	Net short-term capital gain	A Service of the serv	**************************************		17	different section of the section of
	9	Income modifications	AND THE PROPERTY AND ADDRESS OF THE PARTY OF	画家		0	The second secon
	10a	Gross sales less returns and allowances		1,4,30	Company of the compan	Tomas and the second	A STATE OF THE PARTY OF THE PAR
	ь.	Less: Cost of goods sold:	The same of the sa	Company of a	Mark - In the Sales of the Sale	THE STREET	and the same
	С	Gross profit or (loss) (attach schedule)		-		0	MATERIAL CONTRACTOR OF THE PROPERTY OF THE PRO
	11	Other income (attach schedule)	0		0	0	The control of the co
	12	Total. Add lines 1 through 11	34,647		5,074	1,671	
<u> </u>	13	Compensation of officers, directors, trustees, etc.	0				
Expenses	14	Other employee salaries and wages	0				
Ē	15		Q				
훘	16a	Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) 2016	0	<u> </u>			
_	b	Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule)	0				
Operating and Administrative	C		0				
<u>ta</u>	17	Interest OGDEM UT	0				
<u> </u>	18	Taxes (attach schedule) (see instructions)	119				21-41-6-4-1-1-1-1-1
늘	19	Depreciation (attach schedule) and depletion	0				1 元二 1 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
Þ	20	Occupancy	0	<u> </u>	<u> </u>	<u> </u>	
P	21	Travel, conferences, and meetings	0	 		ļ	
a	22	Printing and publications	0	 		ļ	
Ē	23	Other expenses (attach schedule)	6,585	ļ			
aţį	24	Total operating and administrative expenses.	<u> </u>			}	
9		Add lines 13 through 23	6,704	in lease	5,074	上版。中国、新兴中华等"一、中华"	6,704
Q	25	Contributions, gifts, grants paid	4,500		MI WELL		4,500
	26	Total expenses and disbursements, Add lines 24 and 25	11,204	300° 73.40	5,974	Trans. A. S Administration of the con-	11,204
	27	Subtract line 26 from line 12:					建筑集建
	а	Excess of revenue over expenses and disbursements	23,443	r unmraac i	100	第二章 是是是不是的。 1915年 - 1915年 -	在福祉·第二次 500
	Ь	Net investment income (if negative, enter -0-)	To compare the second of the s	10 48 to 10 to 10	5,074		THE CALL SOME
	С	Adjusted net income (if negative, enter -0-)	THE PERSON NAMED IN COLUMN	外接着台		1,671	经验的企业

D.	rt-H	Balanco Shoote	Attached schedules and amounts in the description column	1	End o	f year
	11.51	Dalaine Sileets	Arrached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-t	pearing			,
	2	Savings and tempora	ry cash investments	18,309	24,836	24,836
	3	Accounts receivable I				
		Less: allowance for d	oubtful accounts >	CELTS NELLS WITH THE REAL PROPERTY AND	W. BICCOLD METATINESS OF MANY SHAPE SECURITION OF 3 N. S. A. S.	I I I I I I I I I I I I I I I I I I I
	4	Pledges receivable ▶	•	All the contractions and the property of the contraction of the contra	のの情報で、特別の機能を対する。これを持ち、からない。 たらは、大変に対するとなっています。 ないできない。 ないできない。 というないでは、 というない。 といるない。 というない。 といる。 といる。 といる。 といる。 といる。 といる。 といる。 とい	The state of the s
		Less: allowance for d	oubtful accounts .	 	I	Contradic Constitutions of sentations in an
	- 5					
	6	Receivables due from	m officers, directors, trustees, and other			
		disqualified persons ((attach schedule) (see instructions)			
	7	Other notes and loans re	ceivable (attach schedule)	Carlo and production of the carlo and the	THE THE SHARE WITH THE STANDARD OF THE STANDAR	
		Less: allowance for dou	btful accounts ▶	在一个人在一个人的一个	(Billing align columner 2 that Single A 44 by >	Little
2	8		ruse			
Assets	9		d deferred charges		, <u></u>	
As	10a		state government obligations (attach schedule)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
`	b		ate stock (attach schedule)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	С	-	ate bonds (attach schedule)			
	11		ings, and equipment: basis ▶			74.354
		Less: accumulated depred	ciation (attach schedule) ▶		tiring a discount of the same and a same and a same and a same	- A SMAN SATES AND
	12		age loans			
	13		attach schedule)	67,839	85,117	85,117
	14	Land, buildings, and eq	uipment: basis ▶			
			reciation (attach schedule)	நாடுப்பு இது இவற்கு நிறிக்கத் பி.க். பி. நகு 4 (Consulte At 1 - P. Committee	Marie San Commission of San Care San Ca
	15	Other assets (describ				
,	16		be completed by all filers-see the			
			e page 1, item I)	86,148	109,953	109,953
	17		d accrued expenses	1		
	18	• •	· · · · · · · · · · · · · · · · · · ·			Constitution of the designation of
Liabilities	19					which is a substitute of the s
Ħ	20	Loans from officers, dire	ectors, trustees, and other disqualified persons			
ap	21		notes payable (attach schedule)			
_	22	Other liabilities (desci				The state of the s
	23		lines 17 through 22)	0	0	The state of the s
		Foundations that fo	llow SFAS 117, check here ▶ 🔲			THE RESERVE AND THE PROPERTY OF THE PROPERTY O
Balances	}	and complete lines	24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ā	25	Temporarily restricted	d	-		The state of the s
	26	Permanently restricte	ed			A THE PART OF THE PART AND A THE PART OF T
Ĕ	l		not follow SFAS 117, check here 			HAT TO SERVICE THE PROPERTY OF THE PARTY OF
Net Assets or Fund		and complete lines			ļ	The state of the s
ō	27	Capital stock, trust p	rincipal, or current funds	86,148	109,953	
əts	28	Paid-in or capital sur	plus, or land, bldg., and equipment fund			はいます。 ・ はいままでは、 ・ はいまなななななななななななななななななななななななななななななななななななな
SS	29	Retained earnings, acc	umulated income, endowment, or other funds			Life hand a print a plant a pl
Ž	30		fund balances (see instructions)	86,148	109,953	
Ž	31		nd net assets/fund balances (see			THE RESIDENCE OF THE PARTY OF T
				86,148	109,953	Property of Agents of Agents
	rt III		nges in Net Assets or Fund Balances			
1			palances at beginning of year-Part II, colu			1
			d on prior year's return)		1	86,148
2		er amount from Part I, I			2	23,443
3	Othe	er increases not includ		lue Increases	 -	4,032
4	Add	lines 1, 2, and 3			4	113,623
5	Dec	reases not included in	line 2 (itemize) Market Value D	ecreases	5	3,670
_6	Tota	al net assets or fund ba	alances at end of year (line 4 minus line 5)—	Part II, column (b), I	ine 30 6	109,953
						Form 990-PF (2015)

ı		e kind(s) of property sold (e.g., real est ise, or common stock, 200 shs. MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr.)
<u>1a</u>						
b	·			-		
<u>c</u>			·	 		
<u>d</u>				 		
8		(f) Depreciation allowed	(a) Cost o	r other basis	th) Gair	n or (loss)
	(e) Gross sales price	(or allowable)		ense of sale		ninus (g)
a b						
c			- 			
₫						
e						
	Complete only for assets sho	owing gain in column (h) and owne	ed by the foundation	on 12/31/69	(f) Gains (Col	. (h) gain minus
_	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of cot. (i) I. (j), if any	col. (k), but not	less than -0-) or rom col. (h))
а				***		
b						
С						
d						
е						
2	Capital gain net income o		n, also enter in Pa ss), enter -0- in Pa		2	3,
3	If gain, also enter in Part	in or (loss) as defined in section I, line B. column (c) (see Inst				
				1		
r o	V Qualification Unc otional use by domestic pr	ler Section 4940(e) for Re ivate foundations subject to the this part blank.	duced Tax on I			
or op sect as th	Qualification Uno otional use by domestic pr ion 4940(d)(2) applies, leav ne foundation liable for the	ler Section 4940(e) for Re ivate foundations subject to the re this part blank. section 4942 tax on the distri	duced Tax on I ne section 4940(a) butable amount of	tax on net invest	t Income ment income.)	☐ Yes 🗹
orop sect astl 'Yes	Qualification Uno otional use by domestic pr ion 4940(d)(2) applies, leav ne foundation liable for the s," the foundation does not	ler Section 4940(e) for Re ivate foundations subject to the re this part blank. section 4942 tax on the district qualify under section 4940(e)	duced Tax on I ne section 4940(a) butable amount of . Do not complete	tax on net invest of any year in the le this part.	income ment income.) base period?	☐ Yes 🗹
orop sect astl Yes	Qualification Uncotional use by domestic proton 4940(d)(2) applies, leave the foundation liable for the s," the foundation does not the foundation doe	ler Section 4940(e) for Revivate foundations subject to the this part blank. section 4942 tax on the district qualify under section 4940(e) ount in each column for each (b)	duced Tax on I	of any year in the leathis part. Tuctions before m	income Iment income.) base period? aking any entries.	
ect astl Yes	Qualification Uncotional use by domestic proton 4940(d)(2) applies, leave the foundation liable for the s," the foundation does not Enter the appropriate amount of the second se	ler Section 4940(e) for Re ivate foundations subject to the re this part blank. section 4942 tax on the district qualify under section 4940(e) ount in each column for each (b)	duced Tax on I	f any year in the leathing part.	income ment income.) base period? aking any entries.	(d) tribution ratio divided by col (c))
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cale	Qualification Uncotional use by domestic protein and the foundation liable for the s," the foundation does not Enter the appropriate ame (a) Base period years indar year (or tax year beginning in 2014 2013 2012 2011 2010 Total of line 1, column (didicate and Average distribution ratio number of years the foundation of years the foundation in the first the net value of nor Multiply line 4 by line 3 Enter 1% of net investments	ler Section 4940(e) for Revivate foundations subject to the this part blank. It section 4942 tax on the district qualify under section 4940(e) count in each column for each (b) Adjusted qualifying distribute (c) If for the 5-year base period—column has been in existence in charitable-use assets for 201	duced Tax on Interest and the section 4940(a) butable amount of the complete of the sections. Net value of the section of the	of any year in the leathis part. Tuctions before moncharitable-use a line 2 by 5, or by see 5	tincome transit income.) base period? aking any entries. ssets (col (b)) the . 3 . 4 . 5	(d) tribution ratio

Part \		e inst	truc	tion	is)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.		1	TENE				
_	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			100				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	treat tree a "Th		101	ant and in Gard			
_	here ► ☐ and enter 1% of Part I, line 27b							
С	Part I, line 12, col (b).							
2								
3	Add lines 1 and 2			101				
4	Subtritle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		New Y	101 8###	neuz			
6 a	Credits/Payments: 2015 estimated tax payments and 2014 overpayment credited to 2015 6a				THE STATE OF THE S			
h	Exempt foreign organizations—tax withheld at source 6b		ELI, WA					
·c	Tax paid with application for extension of time to file (Form 8868) . 6c		1,1775	in the				
d	Backup withholding erroneously withheld 6d	72 m - 200 5-1 m - 200 5-1 m - 200						
7	Total credits and payments. Add lines 6a through 6d	ELIIJAET - CL						
8	Enter any penalty for underpayment of estimated tax. Check here _ if Form 2220 is attached _ 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			101				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10							
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11							
	VII-A Statements Regarding Activities	lit Et.	-24V	'es	No			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	1:	# /	es	No ✓			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s		<u>a</u>		<u> </u>			
b	Instructions for the definition)?	11	ь		✓			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	als		44.0	412000			
	published or distributed by the foundation in connection with the activities.			4	1			
	Did the foundation file Form 1120-POL for this year?	10	C	3-4	<u>√</u>			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	15 E	2 12					
_	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	_			000-01			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			10.1				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	f±1.	2	124.4	#1248-1 √			
-	If "Yes," attach a detailed description of the activities.	72	7					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	3		✓			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4	а		✓			
b	If "Yes," has it filed a tax return on Form 990-T for this year?		b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. .	5 (. √			
_	If "Yes," attach the statement required by General Instruction T.	7.00						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1						
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions the 	nat 📴						
	conflict with the state law remain in the governing instrument?	1	6		, Carteri			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part I	<u> </u>	7	1	·			
ба	Enter the states to which the foundation reports or with which it is registered (see instructions)	er.	ξκ. Σα21:	e i	3433			
	•							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral 📙						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	. 8	Bb	1				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 📜	熨!!	1.00	ا منداد			
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Ye	1						
	complete Part XIV	i	9		/			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses See Schedule B			1	1			
	Harries and addresses	·	10	<u> </u>	<u> </u>			

Part	VII-A Statements Regarding Activities (continued)			
	,		Yes	No
11.	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		✓_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		✓
	Website address NONE			
iä		2-663-	3494	
	Located at ► 10 GEORGE STREET, BURLINGTON, VT ZIP+4 ►	0540	1	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.		•	
	and enter the amount of tax-exempt interest received or accrued during the year			_NA
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	yl i myddig	¥ 47,4013
	the foreign country	节海		
Don	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	THE	1.00	
rjar	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1.16	Yes	No
4	During the year did the foundation (either directly or indirectly):	3 4 4 4	22.	16,788
1a	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Editor d	- 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			2.5
	disqualified person?	212EX		TE CO
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		野塩	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	1	- 37	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			1200
	termination of government service, if terminating within 90 days.)	AND STARTS IN AND STARTS IN THE MENTAL OF	mo, man	
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			125
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	Ica in a		The second
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	7 107 107 107 107 107 107 107 107 107 10		Walter Street
	were not corrected before the first day of the tax year beginning in 2015?	1C	<i></i>	√
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	TOTAL ST	慮	100
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?		100 E	μ,
L		45 mg 44		
Ь	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	Mary Mary		
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	R SE	1	1.7/14
U	≥ 20 , 20 , 20 , 20			国語
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			Lien:
	at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or		2123	
b	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	2.24	1 1 1 1	He a
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1		1329
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2015.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		129	THE STATE
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		1

Par	VII-B Statements Regarding Activities	for W	hich Form	4720	May Be R	equire	d (contin	nued	
5a	During the year did the foundation pay or incur a			7120	May Bo II	oqu	a (00) /(.000/	
-	(1) Carry on propaganda, or otherwise attempt to	-		n (sect	ion 4945(e))? .	Yes	✓ No	THE REPORT OF
	(2) Influence the outcome of any specific public		_		• • •	•	_	_	
	directly or indirectly, any voter registration dri	ive?					Yes	✓ No	
	(3) Provide a grant to an individual for travel, stud	dy, or c	ther similar p	ourpose	es?		Yes	✓ No	
	(4) Provide a grant to an organization other than	a chai	ritable, etc., o	organiz	ation descr	ribed in			The state of the s
	section 1945(d)(4)(A)? (see instructions)	• •					Yes	✓ No	
	(5) Provide for any purpose other than religious,		•	-	-		_	_	
	purposes, or for the prevention of cruelty to o						∐Yes	✓ No	3000 ave 4 . m 74. 1
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice							ibea in	12.42.42
	Organizations relying on a current notice regarding	_	_			ucuons			5b
_	If the answer is "Yes" to question 5a(4), does to	_				 the tay			
•	-because it maintained expenditure responsibility			-			Yes	No	and rated a vicinity white a
	If "Yes," attach the statement required by Regula		_						distributed the same of the sa
6a	Did the foundation, during the year, receive any					emiums			And the control of th
							Yes	✓ No	To the state of th
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indired	tly, on	a personal	benefit	contract	? .	6b V
	If "Yes" to 6b, file Form 8870.								STEE SET STEEL
7a	At any time during the tax year, was the foundation a						🗌 Yes	✓ No	The second second
þ	If "Yes," did the foundation receive any proceeds								76
Par	VIII Information About Officers, Direct	tors, T	rustees, F	ounda [*]	tion Mana	agers,	Highly F	aid E	mployees,
	and Contractors List all officers, directors, trustees, foundation		gan and th	oir oor	noncetion	· food is	oberatio		
_1	List all officers, directors, trustees, touridador		e, and average		mpensation		Contribution		[<u>-</u>
	(a) Name and address	hou	rs per week ed to position	`´(lf n	ot paid, ter -0-)	emplo	yee benefit erred compe	plans	(e) Expense account, other allowances
		devol	ou to position			and deit	and compe		
SEF A	TTACHED SCHEDULE				0				0
									· · · · · · · · · · · · · · · · · · ·
		(-44-	46 46	- :!		4			n) 16 none onton
2	Compensation of five highest-paid employee "NONE."	95 (OTN	er man mo:	se incli	naea on 11	ne ı—	see instr	ucuon	s). If none, enter
	NONE.		I		<u> </u>		(d) Contrib	itions to	
	(a) Name and address of each employee paid more than \$50,00	10	(b) Title, and a hours per v	veek	(c) Compe	nsation	employee	benefit	(e) Expense account,
			devoted to p	osition			compen		other allowances
									
NONE									
					1				
									
			1]				
Total	number of other employees paid over \$50,000 .	• •	1		<u> </u>		L	. ▶	
	The state of the s	<u> </u>	<u> </u>						Form 990-PF (2015)

Par	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp and Contractors (continued)	oloyees,
3	Five highest-paid independent contractors for professional services (see Instructions). If none, enter "NONE.	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONI		
Tota	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	NONE	
2		
3		
4		
	IX-B Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE	Amount
•		
2		
AI 3	other program-related investments. See Instructions	
•		
Tota	. Add lines 1 through 3	000 PE 1001

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fou	ndations,
	see instructions.)		· · · · · · · · · · · · · · · · · · ·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		7
а	Average monthly fair market value of securities	1a	70,068
b	Average of monthly cash balances	1b	6,585
С	Fair market value of all other assets (see instructions)	1c	16,035
d	Total (add lines 1a, b, and c)	1d	92,688
Ð	Reduction claimed for blockage or other factors reported on lines 1a and	372	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	92,688
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,390
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	91,298
6	Minimum investment return. Enter 5% of line 5	6	4,565
Part		ounda	tions
1	Minimum investment return from Part X, line 6	1	4,565
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI)	Market and	
C	Add lines 2a and 2b	2c	101
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,464
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,464
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	4,464
Part		TW san 3	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	11 5 4 1 1-1 5 1 - 2-155	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	11,204
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, retc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	60% N. S.	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	11,204
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,204
=	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whet	
	qualifies for the section 4940(e) reduction of tax in those years.		

² art	VIII Undistributed Income (see instruction	ons)			
_	Distributed and the CO15 from Dark VI	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1.	Distributable amount for 2015 from Part XI, line 7	eren eren eren eren eren eren eren eren	# 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	147 A 915 1 1 1	
2	Undistributed income, if any, as of the end of 2015:	12 Care 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		4,464
a	Enter amount for 2014 only			0	成物, 12 至 1
b	Total for prior years: 20 ,20 ,20	,	0	A 14 - 17 - 17	
3	Excess distributions carryover, if any, to 2015:			المنازع المنازع المنازع المنازع	हर्में के प्रश्नेत के किया है। इस्तियों प्रश्नेतिक के प्र
а	From 2010				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	From 2011		原本註章 主教的		
С	From 2012				
d	From 2013				
e	From 2014	The Marker II.			
4	Total of lines 3a through e	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	The state of the state of
-	line 4: ▶ \$ 11,204			7.15 7. 15 15 15 15 15 15 15 15 15 15 15 15 15	
а	Applied to 2014, but not more than line 2a .	The state of the s		0	
b	Applied to undistributed income of prior years	The second secon	7 77 705 1-144	Problem 12	
	(Election required—see instructions)	Aller Aller Aller	0		
C	Treated as distributions out of corpus (Election		· · · · · · · · · · · · · · · · · · ·		THE STATE OF THE PROPERTY
	required—see instructions)	0	THE THE PROPERTY OF THE PARTY O		
đ	Applied to 2015 distributable amount	100 ALL 218B	Target and the same	The Action of the Party of the	4,464
е	Remaining amount distributed out of corpus	. 0		The state of the s	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5	Excess distributions carryover applied to 2015	0		を	O Mississippi
	(If an amount appears in column (d), the same amount must be shown in column (a).)			The state of the s	THE REPORT OF THE PARTY OF THE
6	Enter the net total of each column as		A STATE OF THE PARTY OF THE PAR		
U	indicated below:	And the second s		at The Court of th	A STATE OF THE PROPERTY OF THE
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0	THE PARTY OF STATE OF THE PARTY	Michel State and British Market State of the con-	The Control of the Co
b	Prior years' undistributed income. Subtract	The an india - control solid to the first		ASSESSED TO SEE THE CONTRACT OF THE PARTY OF	Anglick agent tree in the second seco
	line 4b from line 2b	Service of the servic	0	The state of the s	The state of the s
C	Enter the amount of prior years' undistributed	And the second of the second o		The state of the s	
	income for which a notice of deficiency has			The second second	
	been issued, or on which the section 4942(a)	THE THE PARTY OF T		10 10 10 10 10 10 10 10 10 10 10 10 10 1	建筑基金 医温度 亚
-4	tax has been previously assessed Subtract line 6c from line 6b. Taxable	C. The state of the contract o	0	一倍和安全的 10年1年	是不是有更多。 是不是是更多。 是不是是
d	amount—see instructions				
_	Undistributed income for 2014. Subtract line	· · · · · · · · · · · · · · · · · · ·	The American State of the State	Many Reduced	
e	4a from line 2a. Taxable amount—see		2. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Marie Company of the
	instructions		The state of the s	0	The state of the s
f	Undistributed income for 2015. Subtract lines	THE RESERVE OF THE PARTY OF THE		See Order 2 / 22 20 to 4 2 4 4 4 5 4 5 4 5 4 5 4 5 4 5 6 5 6 6 6 6	
	4d and 5 from line 1. This amount must be		The state of the s	The second secon	
	distributed in 2016	2. The same of th		The state of the s	0
7	Amounts treated as distributions out of corpus				The state of the s
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be			The state of the s	
u	required—see instructions)	<u> </u>	THE PART OF THE		Balling of the state of
8	applied on line 5 or line 7 (see instructions).	,			
9	Excess distributions carryover to 2016.	ļ	AND THE RESERVE TO THE PARTY OF		THE RESERVE OF THE PARTY OF THE
-	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:	在學習過過一個 1000年		THE RESERVE	
a	Excess from 2011	· 1000000000000000000000000000000000000			
b	Excess from 2012		NAME OF STREET		
С	Excess from 2013				
d	Excess from 2014	THE TANK THE	ALL STATES OF THE STATES OF TH		
е	Excess from 2015	心理 電流型	有。据解解的的地位		第二三章 工程

	0-PF (2015)		<u> </u>			Page 10
Part))	
1a	If the foundation has received a ruling				1	,
	foundation, and the ruling is effective for		-			,
ь	Check box to indicate whether the fou		operating founda		ection 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	γ	(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	each year listed	NOT APPLICABLE		<u> </u>		
ġ	85% of line 2a			<u> </u>		
C	Quainying distributions from Fart XII,	i				
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.	1				
	Subtract line 2d from line 2c			1	1	
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets				ĺ	
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)				!	
b	"Endowment" alternative test enter %		****	1	l	
	of minimum investment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test-enter:		· · · · · · · · · · · · · · · · · · ·	1		
_	(1) Total support other than gross					
	investment income (interest,	[İ	
	dividends, rents, payments on					
	securities loans (section 512(a)(5)) or royalties)	j i		j	Ì	j
	(2) Support from general public				i	
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part		on (Complete tin	is part only if i	ine foundation i	ad \$5.000 or m	ore in assets at
	any time during the year-				, - , -	
1	Information Regarding Foundation					
а	List any managers of the foundation		ted more than 25	% of the total cont	ributions received	by the foundation
	before the close of any tax year (but					•
NONE	, ,	•				
b	List any managers of the foundation	who own 10% or	more of the sto	ck of a corporatio	n (or an equally la	arge portion of the
	ownership of a partnership or other e					
NONE	· · ·			-		
2	Information Regarding Contributio	n, Grant Gift. Loa	n, Scholarship.	etc., Programs:		
	Check here ▶ ☐ if the foundation				organizations and	I does not accept
	unsolicited requests for funds. If the	foundation makes	gifts, grants, etc.	(see instructions)	to individuals or o	rganizations under
	other conditions, complete items 2a,					
a	The name, address, and telephone n	umper or e-mail ac	dress of the pers	on to whom applic	auons should be a	audressed.
				•		
DANIF	L BURCHARD, 40 GEORGE STREET, BL	JRLINGTON, VT 054	01 OF P.O. T	30x 638 i	BURLINGTON	05902-0632
b	The form in which applications shoul	d be submitted and	information and	materials they sho	ould include:	
	E LETTER REQUEST, WITH PURPOSE, Any submission deadlines:	AMOUNT AND NAM	E OF CHARITABL	E ORGANIZATION	or Purpos	£
	Ally Submission deadines.					
NONE	Any restrictions or limitations on a	wards, such as b	v geographical a	areas, charitable t	elds, kinds of ins	Stitutions, or other
u	factors:		, 3003.3000			
MA DE	STRICTIONS					
NO KE	31100110113					Form 990-PF (2015)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment if recipient is an individual, show any relationship to **Foundation** Recipient Purpose of grant or status of Amount any foundation manager or substantial contributor contribution Name and address (home or business) recipient a Paid during the year 1. SPECTRUM YOUTH FAMILY SERVICES SUPPORT ONGOING SERVICES 1,000 31 ELMWOOD AVENUE, BURLINGTON VT 501(C)(3) 2. CAMP SILVER TOWERS 501(C)(3) CAMP FOR DISABLED CHILDREN 1.000 3. HUNGER FREE VERMONT 38 EASTWOOD DRIVE, SOUTH BURLINGTON, VT SUPPORT FOR HUNGRY CITIZENS 500 501(03) FAMILY SUPPORT 1,000 4. ALLEN FAMILY TRUST 5. MISS VERMONT SCHOLARSHIP SCHOLARSHIP FOR WOMEN 500 PO BOX 8422, ESSEX JUNCTION, VT 6. RELAY FOR LIFE CANCER RESEARCH 501 (C3) 5ŪŪ 3a 4,500 Approved for future payment Total

	pross amounts unless otherwise indicated.	(5)	/I-1	6	1 ch	Related or exemp
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
P	rogram service revenue:			Exolución 0000		COSE HEIDCHOIL
a	NONE					L –
b						
C					, i	
đ						
e						
f				,		
9	Fees and contracts from government agencies					
: N	Membership dues and assessments					
	terest on savings and temporary cash investments					
D	lividends and interest from securities					
N	let rental income or (loss) from real estate:	The second secon	a real least the	THE COLUMN TO SELECT THE SELECT		The state of the s
а	Debt-financed property					
b	Not debt-financed property					
	let rental income or (loss) from personal property					
	Other investment income					
G	ain or (loss) from sales of assets other than inventory	i				
	et income or (loss) from special events					
G	cross profit or (loss) from sales of inventory					
	other revenue: a					
b						
_						
С				 		
-						
d						
d				The state of the s	7 20 7 244 4 - 7	
d e	subtotal. Add columns (b), (d), and (e)			San	42	
d e 2 S	subtotal. Add columns (b), (d), and (e)				13	
d e 2 S 3 T	otal. Add columns (b), (d), and (e)	s.)			13	
d e 2 S 3 T e w	oubtotal. Add columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		
d e S S T e w	oubtotal. Add columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to 1
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d e S T e w	otal. Add columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to
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Part	XVII		n Regarding Trai	nsfers To and Transacti	ons and Re	elationships	With Nonch	aritable
1.	ın sect organiz	organization do non 501(c) of the zations?	lirectly or indirectly e Code (other than	engage in any of the following section 501(c)(3) organization on a noncharitable exempt or	ons) or in sec	tion 527, rela	ition described ting to political	Yes No
o	(1) Ca	sh ner assels .	_	· · · · · · · · · · · · · · · · · · ·	_			1a(1) /
Ò	Other (1) Sal	ransactions: les of assets to	a noncharitable exists from a noncharit	empt organization				1b(1) /
	(3) Re (4) Re	ntal of facilities,	equipment, or other	er assets				1b(3)
С				hip or fundraising solicitatio ists, other assets, or paid er				1b(6) ✓
d	If the a	answer to any of the goods, of	of the above is "Ye ther assets, or serv	es," complete the following rices given by the reporting gement, show in column (d)	schedule. Co	olumn (b) sho f the foundati	uld always shoon received les	ss than fair market
(a) Line	e no. (b) Amount involved	(c) Name of nonc	charitable exempt organization	(d) Descrip	tion of transfers, t	ransactions, and s	haring arrangements
	-				+	······································	·····	
					 			
					 		·	
					····			
					<u> </u>	····	·····	
					<u> </u>			
	-		-			- 		
2a b	descri	bed in section 5 s," complete the	501(c) of the Code (e following schedul		or in section	527?		
		(a) Name of organ	nization	(b) Type of organization	on	(c)	Description of rela	nonsrip
				-				
	Under	penalties of periury.	declare that I have exami	ned this return, including accompanying	g schedules and s	statements, and to	the best of my know	rledge and belief, it is true,
Sign Here	correc	ature of officer or tru	laration of preparer (other t Bucke	than taxpayer) is based on all information	on of which prepa	rer has any knowle	dge. May th with th	e In3 discuss this return e preparer shown below structions)? [Yes No
Paid Prep		Print/Type preparer		Preparer's signature		Date	Check if self-employed	ИТЯ
	Only	Firm's name					rm's EIN ▶	
		Firm's address ▶				PI	hone no.	Form 990-PF (2015)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Name of	the organization			Employer identification number		
CHARLIE BURCHARD MEMORIAL TRUST			03-604814			
Organiz	ation type (check on	е):				
Filers of	f:	Section:				
Form 99	0 or 990-EZ	☐ 501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		☐ 527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
instructi	ons), (8), or (10) organiz	ation can check boxes for both the General Rule a	and a Special Hule. See		
Genera ✓	For an organization		-EZ, or 990-PF that received, during the year, con one contributor. Complete Parts I and II. See inst			
	contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	contributor, during t	he year, total contrib	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that outlons of more than \$1,000 exclusively for religious the prevention of cruelty to children or animals. Con	s, charitable, scientific,		
	contributor, during t contributions totaled during the year for a General Rule applie	the year, contribution of more than \$1,000. In exclusively religion the session of the session o	501(c)(7), (8), or (10) filing Form 990 or 990-EZ the seclusively for religious, charitable, etc., purpose If this box is checked, enter here the total contribus, charitable, etc., purpose. Do not complete any on because it received nonexclusively religious, charitable, etc., purpose.	ses, but no such utions that were received of the parts unless the aritable, etc., contributions		

Name	of	organiza	tion	

Employer identification number

03-604814

CHARLIE	BURCHARD MEMORIAL TRUST		03-604814
Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JENNIE PARKER EMERY 71 LOOMIS STREET	\$ 15,445	Person
	N. GRANBY, CT 06060-1205		noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		ı	

(Complete Part II for noncash contributions)

Person Payroll Noncash Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	125 CLASS A SHARES OF TOWERS & WATSON COMPANY	\$15,445	10/27/2015
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

CHARLIE BURCHARD MEMORIAL TRUST FORM 990-PF (2015) ATTACHMENT TO PART 8, SECTION 1

NAMES AND ADDRESSES OF DIRECTORS	TITLE/HOURS WORKED	S COMPENSATION	CONTRIB TO PLANS	EXPENSE ACCOUNT
SARA BURCHARD 177 KILLARNEY DRIVE BURLINGTON, VT	Director 2 hours/week	\$0	\$0	\$0
DANIEL BURCHARD 260 APPLETREE POINT ROAD BURLINGTON, VT	Director 1 hours/week	\$0	\$0	\$0
JANE BURCHARD 260 APPLETREE POINT ROAD BURLINGTON, VT	Director 1/2 hour/week	\$0	\$0	\$0
ELIZABETH BURCHARD 484 SOUTH STREET MIDDLEBURY, VT	Director 1/2 hour/week	\$0 C	\$0	\$0
JOHN BURCHARD 945 GOLFVIEW DRIVE GLENVIEW, IL	Director 1/2 hour/week	\$0	\$0	\$0
VICKI BURCHARD 945 GOLFVIEW DRIVE GLENVIEW, IL	Director 1/2 hour/week	\$0	\$0	\$0