Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2016 Open to Public Inspection

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 10/01/16, and ending 09/30/17C Name of organization D Employer identification number Check if applicable: VERMONT CARES Address change **-***7864 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 802-863-2437 Initial return P.O. BOX 5248 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated BURLINGTON VT 05402 991,559 G Gross receipts \$ Amended return Name and address of principal officer: H(a) is this a group return for subordinates? X No Application pending PETER JACOBSEN P.O. BOX 5248 H(b) Are all subordinates included? BURLINGTON 05402 If "No," attach a list, (see instructions) X 501(c)(3) 501(c) (Tax-exempt status: 4947(a)(1) or WWW.VTCARES.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Association L Year of formation: 1986 M State of legal domicile: Part Summary 1 Briefly describe the organization's mission or most significant activities: VERMONT CARES WORKS FOR AND WITH VERMONTERS AFFECTED BY HIV/AIDS TO PROMOTE Activities & Governance WELLBEING THROUGH A SPECTRUM OF PREVENTION, SUPPORT, AND ADVOCACY SERVICES. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 17 5 6 Total number of volunteers (estimate if necessary) 245 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 791,818 826,463 Revenue 9 Program service revenue (Part VIII, line 2g) 43,527 151,254 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,678 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 839,023 977. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 115,184 104,272 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 535,488 5 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ► 59, 321 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 225,109 239,749 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 875,781 989,536 19 Revenue less expenses. Subtract line 18 from line 12 -36,758-11,819Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 99,961 85,805 21 Total liabilities (Part X, line 26) 126,057 123,720 22 Net assets or fund balances. Subtract line 21 from line 20 ... -26,096 -37,915Signature Block Under penalties of perjury, Toeclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Here JACOBSEN EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Paid RANDALL L. SARGENT, CPA Preparer JMM & ASSOCIATES, PC **-***0081 Firm's name Firm's EIN Use Only 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446 802-655-5665 Firm's address Phone no.

	016) VERMONT CARE		**-***7864	Page 2
, Part III	Statement of Progra	m Service Accomplishmen	ts	
	Check if Schedule O	contains a response or note t	o any line in this Part III	
	describe the organization's m	ission:		•
VERMO	NT CARES WORKS	FOR AND WITH VERM	MONTERS AFFECTED BY HIV/	AIDS TO PROMOTE
WELLB	EING THROUGH A	SPECTRUM OF PREVE	ENTION, SUPPORT, AND ADV	OCACY
SERVI				7. T. T. T. P. S.
2 Did the	organization undertake any s	significant program services during th	ne year which were not listed on the	
	rm 990 or 990 E72			Yes X No
•	" describe these new service:	s on Schedule O		les [X] NO
		ng, or make significant changes in ho	w it conducts, any program	
services			* * *	Yes X No
	describe these changes on	Schedule O		res A No
			file there a leavest and a	
- Describ	on Continue 504/2/2/ and 504	service accomplishments for each o	f its three largest program services, as measured	i by
expense	es. Section 50 (c)(s) and 50	(c)(4) organizations are required to	report the amount of grants and allocations to other	iers,
the tota	expenses, and revenue, if a	ny, for each program service reporte	d.	
4a (Code:) (Expenses \$	459,536 including grant	s of\$) (Revenue \$)
DTKEC	T SERVICES- VT	CARES PROVIDES SE	RVICES WHICH INCLUDE: H	IV PREVENTION,
TESTI	NG, SYRINGE EX	CHANGE, COMMUNITY	EDUCATION; AS WELL AS A	N ARRAY OF
SERVI	CES FOR PEOPLE	WITH HIV/AIDS INC	LUDING: MEDICAL CASE MAI	NAGEMENT,
MEDIC	AL TRANSPORTAT	ION, MEDICATION AS	SISTANCE, HOUSING SUPPOR	RT. NUTRITIONAL
ASSIS	TANCE, AND OTH	ED CEDUTCEC		
			··· busines and statement are provided and a consequence	
104-104-10-104-1				
13-41-1004				
:033		. 200. 5000		
4b (Codo:	\ (Evnange ¢	214 002 : 1		
4b (Code:) (Expenses \$	314,003 including grants	s of\$) (Revenue \$)
LVEAD	CCHOOLS OBGAN	I CARES PROVIDES E	DUCATION AND PREVENTION	INFORMATION TO
AKEA	SCHOOLS, ORGAN	IZATIONS, AND INDI	VIDUALS AS REQUESTED, AS	3 WELL AS
PKESE.	NIATIONS, HIV	TESTING, AND SYRIN	GE EXCHANGE.	
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			in the same and the same and	551111115311000000011510000
731111111	etota por a construir de la co		5. x - ñ	84
4c (Code:) (Expenses \$	104 272 including grants	of\$ 104 272 \ (Bayonus \$	
	T ASSISTANCE -	VERMONT CARRO DRO	of\$ 104,272) (Revenue \$ VIDES EMERGENCY FINANCIA)
	OPLE WITH AIDS	VERMONT CARES PRO	AIDES EMEKGENCI LINANCIA	IL ASSISTANCE
10. 'E'	OFUE WITH AIDS	· pre		
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38*****	==: c::::::::::::::::::::::::::::::::::	THE RESIDENCE OF STREET, STREE		1511539 (20002000 1501 (2111)
4d Other pr	ogram services (Describe in	Schedule O.)		
(Expense		including grants of\$	(Revenue \$	V
	ogram service expenses	877,811	/ (Levellue ψ	1
	. J J. T. T. T. D. T. D	0///011		

Form 990 (2016) VERMONT CARES

Part IV Checklist of Required Schedules

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	art IV Checklist of Required Schedules			1
	To the control of the		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	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١.
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Σ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes " complete Schedule D. Part IV	9	li .	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			- 23
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			2
	VII, VIII, IX, or X as applicable.			
а				rous
•	asymptote Caleadyla D. David III	11a	v	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	IIa	Δ	
D.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		3,7
_	***************************************	11b		X
L	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			٦,
اہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				١.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f	X	
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			ľ
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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
5	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		X
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	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	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
9			111	

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Part IV Checklist of Required Schedules (continued)

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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	202		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-11
	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 and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	.50.0.50		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	b and a single and a single a			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
6	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 "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	10,11		
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
_	Part I	31		X
2	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
5a	the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
5	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		X
7	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		X
8	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	X	

Form 990 (2016) VERMONT CARES **-**

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response or note to any line in this Pa	art V				
	*			,,,,,,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7	21455		811
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	- Aldine		
C	Did the organization comply with backup withholding rules for reportable payments to vendors ar	nd				171
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			ame	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	17			
b	1111	returns		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc		- GO MAN GARAGE STATE			TE HE
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched	dule O		3b		
4a			thority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other					
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶			1100		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	cial Aco	counts			
	(FBAR).					100
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ir?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		*******************************	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	did the		-		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contril	butions	Or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		69 90 11 60 11 11 10 10			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for god	ods			
	and services provided to the payor?	•		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		· · · · · · Ett (000 • Et (0 • · 6006)	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			VIIII IS	t i
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c	ontract	?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file	e Form	8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	nizatio	n file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained b	by the	1386		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		211200111000000000000000000000000000000	Con the		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		***************************************	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				THE S
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				BY.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 10	041?	12a		
	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.			Hand		
а	Is the organization licensed to issue qualified health plans in more than one state?	Umana e e		13a		
	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	8 8				
	the organization is licensed to issue qualified health plans	13b			AS!	
С	Enter the amount of reserves on hand	13c			311	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule O		14b		

orm 990 (2	2016) VERMONT	CARES	**-***7864	Page
Part VI	Governance,	Management, an	d Disclosure For each "Yes" response to lines 2 through 7b below,	and for a "No"

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	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI					122					
Sec	ction A. Governing Body and Management				,	_X_					
	Months Governing Body and management				V	NI-					
1a	Enter the number of voting members of the governing body at the end of the tax year	1 40 1	10		Yes	NO					
	If there are material differences in voting rights among members of the governing body, or	1a	TO		proget						
	if the governing body delegated broad authority to an executive committee or similar				d Triple						
	committee, explain in Schedule O.				imiz						
b											
2	TB 10										
2	and a substantial parties, as a substantial parties and a substantial										
2	any other officer, director, trustee, or key employee?	ā	6	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	Warrage - 120 c	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X					
6	Did the organization have members or stockholders?	meson 20	.0001101-0010	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?	enno e		7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during th	e year	by the follow	ing:	Les						
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 reached 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	Interi	nal Reveni	ue Co	ode.)						
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			104							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filina tk	e form?	11a		X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	illing ti	ic ioiiii:	TIQ.	52521						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			120	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		n conflicte 2	12a		_					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	: nse t	o conflicts?	12b	X	_					
·	describe in Schedule O how this was done				37						
13	Did the organization have a written whistleblower policy?			12c	X						
14	* *************************************			13	X						
15	Did the organization have a written document retention and destruction policy?		1211010166	14	X						
10	Did the process for determining compensation of the following persons include a review and approval by	_									
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.				THE ST	-					
a	The organization's CEO, Executive Director, or top management official	95 -55 -	-11-122-00	15a	X						
b	Other officers or key employees of the organization	· · · · · ·		15b		X					
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			T MIE	Tari						
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				III A						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
_	organization's exempt status with respect to such arrangements?	aaaa	18 1.5 825	16b							
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s only)								
	available for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy, and								
	financial statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	: ▶								
PE	TER JACOBSEN 187 ST. PAUL STREET										
BU	RLINGTON VT 0540	2	802	-86	3-24	137					

-	00000000000	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	07550
orm	990 (2016)	VERMONT	CARES

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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

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

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.

Check this box if neither the or	ganization nor a	any r	elate	ed o	rgan	izati	on c	ompensated any current of	officer, director, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for	er (do not check more the box, unless person is officer and a director/			is both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JACE SHEPPARD		П								
CHAIR	2.00	X		Х				0	0	0
(2) JERRY LARRABEE,	MD	1		21				0	0	0
VICE-CHAIR	2.00	X		Х				0	0	0
(3) NICOLE JUNJULAS										0
TREASURER	2.00	x		Х				0	0	0
(4) ED NORTH		Ħ								
SECRETARY	2.00	X		Х				0	0	0
(5) MARIE THRESHER										
DIRECTOR	2.00	Х						0	0	0
(6) TONY PERRIELLO										
DIRECTOR	2.00	Х						0	0	0
(7) NICHOLAS BONEFA	7.6									
DIRECTOR	2.00	Х						0	0	0
(8) BHUTTU MATHEWS										
DIRECTOR	2.00	X						0	0	0
(9) ANNA MCLEAN								_		
DIRECTOR	2.00	х						0	0	0
(10) JACKY DEFORGE										
DIRECTOR	2.00	Х						0	0	0
(11) CHRIS MADSEN (U	NTIL SE	PT	CMI	EF	()					
DIRECTOR	2.00	X						0	0	0
DAA										Form 990 (2016)

Form 990 (2016) VERMONT CARES
Part VIII Statement of Revenue

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			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
1a Federated campai	gns 1a	3,675				
b Membership dues	1b					
c Fundraising events	1c	34,936				
d Related organization	ons 1d					
e Government grants (contri	butions) 1e	667,463				
f All other contributions, gift						
and similar amounts not in	cluded above 1f	120,389				
g Noncash contributions incl	luded in lines 1a-1f: \$					
h Total. Add lines 1a	a–1f		826,463			
		Busn. Code				
2a SERVICE FEE	ES	541700	151,254	151,254		
b						
С						
d						
е						
f All other program s	service revenue					
g Total. Add lines 2a	ı–2f		151,254			
3 Investment income		ids, interest,				
and other similar a						
4 Income from invest	tment of tax-exem	pt bond proceed 🖢 📗				
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less: rental exps.						
c Rental inc. or (loss						
d Net rental income of	or (loss)					
7a Gross amount from sales of assets	(i) Securities	(ii) Other				
other than inventor		40		The Table Town		
b Less: cost or other		ai ai		legi pul gra		
basis & sales exps			THE RESIDENCE OF THE PARTY OF T	Company of the soil	Colored Topic	digital dise live
c Gain or (loss)						
d Net gain or (loss)	ommenment	b				
8a Gross income from fur	ndraising events	M			DESCRIPTION OF THE PARTY OF THE	
(not including \$	34,936	in the second			Fagy View City	
of contributions reporte	ed on line 1c).	100	LINE DESCRIPTION			
See Part IV, line 18	a	13,842			Here I have been	
b Less: direct expens	ses b					
c Net income or (loss	s) from fundraising					
9a Gross income from ga						
See Part IV, line 19	а					
b Less: direct expens	ses b			THE PERSON NAMED IN	Militar Barrier Barrier	
c Net income or (loss		ivities ▶				
10a Gross sales of inve		100				
returns and allowar	nces a					
b Less: cost of goods	sold b					
c Net income or (loss		entory				
	ous Revenue	Busn. Code				
11a						
la .						
-						
d All other revenue						
e Total. Add lines 11						
12 Total revenue. See	e instructions.		977,717	151,254	C	

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Form 990 (2016) VERMONT CARES Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a respo	omplete all columns. All o	other organizations must	complete column (A).	
	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	104,272	104,272		
3	Grants and other assistance to foreign		201/2/2		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		6		
5	Compensation of current officers, directors,				
	trustees, and key employees	85,819	48,059	25,745	10.015
6	Compensation not included above, to disqualified	03,019	40,039	25,745	12,015
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		424 004	202 000	1 005	2.5.000
8	Other salaries and wages	424,994	393,000	4,996	26,998
0	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00.00			
9	Other employee benefits	87,387	79,376	2,159	5,852
10	Payroll taxes	47,315	41,164	2,602	3,549
11	Fees for services (non-employees):				
	Management				
b					
С	Accounting	8,158		8,158	
d		7,500	7,500		
	Professional fundraising services. See Part IV, line 7				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	18,892	16,301		2,591
12	Advertising and promotion	6,731	5,856	370	505
13	Office expenses	19,939	15,702	2,778	1,459
14	Information technology				
15	Royalties				
16	Occupancy	49,756	43,288	2,736	3,732
17	Travel	31,778	30,433	299	1,046
18	Payments of travel or entertainment expenses				1,010
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,904	5,498	1,406	
20	Interest	5,740	4,994	316	430
21	Payments to affiliates	37713	1,001	210	430
22	Depreciation, depletion, and amortization	4,145	3,606	228	311
23	Incurance	11,027	9,594	606	827
24	Other expenses. Itemize expenses not covered				027
	above (List miscellaneous expenses in line 24e. If		, ps.		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		<u>.</u>		
а	PROGRAM SUPPLIES	51,636	E1 626		
b	CLINICAL TRIAL FEES	11,839	51,636 11,839		
C	VOLUNTEER TRAINING				
d	MISCELLANEOUS	4,397	4,397		
		1,307	1,296	5	6
	All other expenses	000 536	000 011	FO 101	
25 26	Total functional expenses. Add lines 1 through 24e	989,536	877,811	52,404	59,321
4 0	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 following SOP 98-2 (ASC 958-720)				
DAA					- 000

Form 990 (2016) VERMONT CARES
Part X Balance Sheet

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				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			7,302	1	1,973
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			59,862	3	26,532
4	Accounts receivable, net			24,500	4	5,177
5	Loans and other receivables from current and former					
	trustees, key employees, and highest compensated e					
	Complete Part II of Schedule L			5		
6	Loans and other receivables from other disqualified p				HALE	
	4958(f)(1)), persons described in section 4958(c)(3)(E	3), and cont	ributing employers and			
	sponsoring organizations of section 501(c)(9) volunta					
	organizations (see instructions). Complete Part II of S	chedule L			6	
7					7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges	9		4,000	9	2,000
10a	Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D		102,804			
	Less: accumulated depreciation	10b	52,681	4,297	10c	50,123
	Investments—publicly traded securities				11	
12					12	
13	Investments—program-related. See Part IV, line 11				13	
14					14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line			99,961	16	85,805
	Accounts payable and accrued expenses		36,585	17	45,720	
18	Grants payable				18	
19	Deferred revenue	19,472	19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV			(i)	21	
22	Loans and other payables to current and former office					
	trustees, key employees, highest compensated emplo	yees, and				
	disqualified persons. Complete Part II of Schedule L			=0.000	22	
23	The state of the s			70,000	23	75,000
24	Unsecured notes and loans payable to unrelated third				24	
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-24					2 000
26	of Schedule D Total liabilities. Add lines 17 through 25			100 057	25	3,000
20	Organizations that follow SFAS 117 (ASC 958), che			126,057	26	123,720
	complete lines 27 through 29, and lines 33 and 34.		A and			
27	Hannahalata dan tara da			01 220	07	60.420
28	T			-91,330 65,234	27	-68,429 30,514
29			05,234	28	30,514	
23	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 9	here N and		25		
1	complete lines 30 through 34.	mere P and				
30	Capital stock or trust principal, or current funds				30	
	Paid-in or capital surplus, or land, building, or equipme	ent fund			31	
131	or outside outside, or larid, building, or equiptive	one folia	- de			
31	Retained earnings, endowment, accumulated income	or other fu	nas			
31 32 33	Retained earnings, endowment, accumulated income, Total net assets or fund balances			-26,096	32	-37,915

Form **990** (2016)

Form 990	2016) VERMONT CARES	**-***7864		Pa	ge 12
Part XI	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to ar	ny line in this Part XI			
1 Total	revenue (must equal Part VIII, column (A), line 12)	1	9'	77,	717
2 Total	expenses (must equal Part IX, column (A), line 25)	2	9:	89,	536
3 Reve	nue less expenses. Subtract line 2 from line 1	3			819
4 Net a	ssets or fund balances at beginning of year (must equal Part X, lii	ne 33, column (A))	- ;	26,	096
5 Netι	nrealized gains (losses) on investments	5			
6 Dona	ted services and use of facilities	6			
7 Inves	tment expenses				
	period adjustments	8			
9 Othe	changes in net assets or fund balances (explain in Schedule O)	9			
10 Net a	ssets or fund balances at end of year. Combine lines 3 through 9	(must equal Part X, line			
33, c	olumn (B))		- ,	37,	915
Part XI	Financial Statements and Reporting	137 = 114			
	Check if Schedule O contains a response or note to an	y line in this Part XII			
				Yes	No
1 Acco	inting method used to prepare the Form 990: $oxedsymbol{\square}$ Cash $oxedsymbol{\widehat{X}}$ A	Accrual Other			
If the	organization changed its method of accounting from a prior year	or checked "Other," explain in			
Sche	dule O.				
2a Were	the organization's financial statements compiled or reviewed by a	n independent accountant?	2a		X
If "Ye	s," check a box below to indicate whether the financial statements	for the year were compiled or			
revie	ved on a separate basis, consolidated basis, or both:				
□ s	eparate basis Consolidated basis Both consolidate	d and separate basis			
b Were	the organization's financial statements audited by an independen	t accountant?	2b	X	
If "Ye	s," check a box below to indicate whether the financial statements				
sepai	ate basis, consolidated basis, or both:				
X s	eparate basis 🔲 Consolidated basis 🔲 Both consolidate	d and separate basis			
c If "Ye	s" to line 2a or 2b, does the organization have a committee that as	ssumes responsibility for oversight			
of the	audit, review, or compilation of its financial statements and selec	ction of an independent accountant?	2c	Х	
If the	organization changed either its oversight process or selection pro	cess during the tax year, explain in		11.200	
Sche	dule O.				
3a Asa	esult of a federal award, was the organization required to undergo	an audit or audits as set forth in			
	ngle Audit Act and OMB Circular A-133?		3a		Х
b If "Ye	s," did the organization undergo the required audit or audits? If the	e organization did not undergo the			
requi	ed audit or audits, explain why in Schedule O and describe any si	teps taken to undergo such audits.	3b		
			Forr	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Nam	e of th	ne organization	VERMONT CAR	ES				Employer ide	ntification number ★7864		
P	art	Reas		y Status (All organizati	ons mus	t comple	te this part				
				ause it is: (For lines 1 through				000 11100	dottorio,		
1	Ň			ssociation of churches descri							
2				1)(A)(ii). (Attach Schedule E							
3				rvice organization described i							
4				ited in conjunction with a hos				A)(iii). Ente	r the hospital's name,		
		city, and sta									
5			ation operated for the benef 0(b)(1)(A)(iv). (Complete Pa	it of a college or university ov	vned or op	erated by a	a governmental	unit describ	ped in		
6				art n.) r governmental unit described	l in sectio	n 170/h\/1	\/ A \/\\\				
7	X	An organiza	ation that normally receives	a substantial part of its suppo				he general	public		
0			section 170(b)(1)(A)(vi).		D . (II)						
8	Н			n 170(b)(1)(A)(vi). (Complete		***********		. 1	t tt		
ð		or university university:	or a non-land grant colleg	lescribed in section 170(b)(1 e of agriculture (see instruction	ns). Enter	the name,	city, and state	a iand-gran of the collec	it college ge or		
10				: (1) mars than 22 1/20/ of its	aummant for						
10	\vdash	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its									
		support fron	n gross investment income	and unrelated business taxale 30, 1975. See section 509(ole income	(less secti	ion 511 tax) fror	n businesse	es		
11				ed exclusively to test for public							
12	П			d exclusively for the benefit of				arry out the	purposes		
		of one or mo	ore publicly supported orga	nizations described in section in the section is that describes the type of su	n 509(a)(1) or sectio	n 509(a)(2). Se	e section 5	i09(a)(3).		
	а			pperated, supervised, or contr					-		
		the supp	ported organization(s) the p	ower to regularly appoint or e	lect a maj				, gg		
	b			supervised or controlled in co		vith its sup	ported organiza	tion(s), by h	avina		
		control o	or management of the supp	orting organization vested in the Part IV, Sections A and C	the same						
	С	Type III	functionally integrated. A	A supporting organization openstructions). You must comp	rated in co	nnection w	vith, and function	nally integra	ated with,		
	d	Type III	non-functionally integrat	ed. A supporting organization he organization generally mu	operated	in connect	tion with its supp				
				i must complete Part IV, Se				nd an atter	tiveness		
	е			eceived a written determination				oe II. Type I	III		
		function	ally integrated, or Type III n	ion-functionally integrated sur	porting or	ganization.					
	f		mber of supported organization				E81				
	g			the supported organization(s							
(i		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the o	organization or governing	(v) Amount of n support (s		(vi) Amount of other support (see		
				above (see instructions))		ment?	instruction		instructions)		
					Yes	No					
(A)											
		_									
(B)											
(C)											
(D)											
(E)											
Tata	, I										

Schedule A (Form 990 or 990-EZ) 2016 VERMONT CARES

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 732,413 701,450 844,680 791,818 826.463 3,896,824 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 732,413 701.450 844,680 3,896,824 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 line 5 from line 4. 3,896,824 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 732,413 701,450 844,680 791,818 826, 463 3,896,824 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 3,896,824 Gross receipts from related activities, etc. (see instructions) 12 12 287,704 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 100.00% Public support percentage from 2015 Schedule A, Part II, line 14 15 15 100.00% 16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2016

instructions

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Schedule A (Form 990 or 990-EZ) 2016
Part III Support Schedu w 990 or 990-EZ) 2016 VERMONT CARES
Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
200	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(4) 2015	(a) 2016	(f) Takal
9	Amounts from line 6	(a) 2012	(b) 2013	(6) 2014	(d) 2015	(e) 2016	(f) Total
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First five years. If the Form 990 is for the organization, check this box and stop her	re				. , . ,	▶ □
	tion C. Computation of Public S					1 1	
5	Public support percentage for 2016 (line 8	3, column (f) divid	ded by line 13, col	umn (f))		15	%
6	Public support percentage from 2015 Sch	equie A, Part III,	line 15			16	%%
	tion D. Computation of Investme			40 1 (0)		T .= 1	
7	Investment income percentage for 2016 (ine 10c, column	of HI line 47			40	<u>%</u>
8 02	Investment income percentage from 2015				I F in mart 2	18 L	%%
od	33 1/3% support tests—2016. If the organization of the state of the st						K
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2015. If the orga						
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di						

VERMONT CARES Schedule A (Form 990 or 990-EZ) 2016

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action: (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- C Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ),
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
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3b		
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4b		
4c		3 11
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Sched	lule A (Form 990 or 990-EZ) 2016 VERMONT CARES	-***7864		Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	line.		
h	below, the governing body of a supported organization?	11a		
C	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) as (b) above? If "Vee" to a, b, as a provide detail in Para	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pantion B. Type I Supporting Organizations	<i>VI.</i> 11c		
	I Type I emploiting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	# 1		043000
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supporte	d		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Par	f E		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Coot	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
1	Did the ergenization provide to each of its event and event in the last day of the fifth weath of the	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Yes	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the pri			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of		OHICH CO	
	organization's governing documents in effect on the date of notification, to the extent not previously provided			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1000	STATE OF THE PARTY.
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Elligico	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government	t entity (see instructi	ons).	
		ſ		
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes or		nen t	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	in Bo	EVSIII II	MILTER
	how the organization was responsive to those supported organizations, and how the organization determine			
b	that these activities constituted substantially all of its activities.	2a	9	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization's would have been expected in 2.15 "Yes," any let in the organization of the organiza		in line	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		BROIT H	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	Combine of	man/fres
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			IAU

Schedule A (Form 990 or 990-EZ) 2016 VERMONT CARES		**_***	7864 Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	7001 1490.
1 Check here if the organization satisfied the Integral Part Test as a qualifying true	st on Nov. 2	0. 1970 (explain in Part	VI). See
instructions. All other Type III non-functionally integrated supporting organizati			
Section A - Adjusted Net Income			(B) Current Year
- Coulon A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			ALLEY AND AND THE
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a	2011 ,	FB2
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte	grated Type	III supporting organiza	tion (see
instructions).			·

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 VERMONT CARES **-***7864 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2016: a ь c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2017. Add lines 3j and 4c. Breakdown of line 7: a b Excess from 2013. c Excess from 2014. d Excess from 2015. e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

	orm 990 or 990-EZ) 2016 VERMON'T CARES	**-***7864 Page 8
, Part VI	Supplemental Information. Provide the explanations required by Part II, III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, line lines 2, 5, and 6. Also complete this part for any additional information. (S	11a, 11b, and 11c; Part IV, Section 3; Part IV, Section E, lines 1c, 2a, 2b, es 5, 6, and 8; and Part V, Section E,
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

_ • \$	Section 501(c)(4), (5), or (6) organizations: Complete Par	t III.			
Nam	e of organization			Employer ider	ntification number
	VERMONT CARES			**-***78	
	rt I-A Complete if the organization is exe				zation.
1	Provide a description of the organization's direct and in-	direct political campaign activ	rities in Part IV. (se	e instructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instruction	s)		▶\$	
3_	Volunteer hours for political campaign activities (see ins	structions)			
Pa	rt I-B. Complete if the organization is exe	empt under section 50	1(c)(3).		
1	Enter the amount of any excise tax incurred by the orga	inization under section 4955		▶\$	
2	Enter the amount of any excise tax incurred by organiza	ation managers under section	1 4955	▶ \$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
- 10/1	rt I-C. Complete if the organization is exe			ection 501(c)(3).	
1	Enter the amount directly expended by the filing organiz				
	activities				one grance (set to on the
2	Enter the amount of the filing organization's funds contr	-		100	
	527 exempt function activities	<u></u>			
3	Total exempt function expenditures. Add lines 1 and 2.			***	
4	line 17b			▶\$	
5	Did the filing organization file Form 1120-POL for this y	ear?			Yes No
5	Enter the names, addresses and employer identification				
	organization made payments. For each organization list the amount of political contributions received that were				
	as a separate segregated fund or a political action comm				
	(a) Name				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(2)					
(3)					
(4)					
(5)					
(0)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

Scr	nedule C (Form 990 or 990-EZ) 2016 VERMOL				**-***/864	
P	art II-A Complete if the organiz section 501(h)).	ation is exen	npt under sectio	n 501(c)(3)	and filed Form 5768	(election under
	Check ► ☐ if the filing organization name, address, EIN, of the filing organization organization.	expenses, and	d share of excess	lobbying ex	kpenditures).	d group member's
	Limits on Lobb (The term "expenditures" me	ying Expendi eans amounts	itures paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
	 a Total lobbying expenditures to influence put b Total lobbying expenditures to influence at lobbying expenditures (add lines 1a at dother exempt purpose expenditures. e Total exempt purpose expenditures (add lines 1a at lobbying nontaxable amount. Enter the arm columns. 	egislative body (ound 1b)	direct lobbying)			
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ontaxable amount is:			
	Not over \$500,000	20% of the amou				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$	500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$	1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	6 of the excess over \$1	500,000.		
	Over \$17,000,000 g Grassroots nontaxable amount (enter 25%	\$1,000,000.				
		enter -0- ner line 1h or line 1-Year Averagi	ng Period Under	on file Form 47	n)	Yes No
	(Some organizations that made a See		nstructions for lin			imns below.
	Lobb	ying Expenditu	res During 4-Yea	r Averaging	Period	-
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2018	5 (d) 2016	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column(e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

	Complete if the organization is exempt under section 501(c)(3) and ha (election under section 501(h)).	s NOT f	iled Fo	rm 5768	
For each "V	es," response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)	
	of the lobbying activity.	Yes	No	Amour	nt
1 During to	he year, did the filing organization attempt to influence foreign, national, state or local				
	on, including any attempt to influence public opinion on a legislative matter or				
	um, through the use of:				
a Voluntee			X		
	ff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
			X		
e Publicati	to members, legislators, or the public? ons, or published or broadcast statements?		X		
f Grants to	o other organizations for lobbying purposes?	X			7,500
a Direct co	ontact with legislators, their staffs, government officials, or a legislative body?		X		,500
h Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other ac			X		
j Total. Ad	dd lines 1c through 1i			г	7,500
2a Did the a	activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes,"	enter the amount of any tax incurred under section 4912		ine is		
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912	J. Jh			
	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		118		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or	section	
	501(c)(6).			- 1.	
4 Mara au	heterially all (000/ or mars) dues reserved as a destitute by marsh and			Y	es No
	bstantially all (90% or more) dues received nondeductible by members?				_
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?			2	
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the pr	ior year?		2 3	
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	ior year? n 501(c)	(5), or	2 3 section	ne 3, is
2 Did the c 3 Did the c Part III-B	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	ior year? n 501(c)	(5), or R (b) Pa	2 3 section	ne 3, is
2 Did the conditions of the co	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." sessments and similar amounts from members	ior year? n 501(c)	(5), or	2 3 section	ne 3, is
2 Did the constant of the cons	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the pre Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." is sessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts of	ior year? n 501(c)	(5), or R (b) Pa	2 3 section	ne 3, is
2 Did the constant of the cons	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	ior year? n 501(c)	9(5), or R (b) Pa	2 3 section	ne 3, is
2 Did the constraints of the con	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	ior year? n 501(c)	(5), or R (b) Pa	2 3 section	ne 3, is
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2 Did the control of	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." seessments and similar amounts from members [62(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	ior year? n 501(c) 'No," Ol	1 2a 2b	2 3 section	ne 3, is
2 Did the control of	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." is sessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	ior year? n 501(c) 'No," Ol	1 2a 2b 2c	2 3 section	ne 3, is
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Did the control of th	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the pre Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Issessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). It is amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying ical expenditure next year?	ior year? n 501(c) 'No," Ol	1 2a 2b 2c	2 3 section	ne 3, is
Did the case of th	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." It is essements and similar amounts from members and similar amounts from members and expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). It is earnount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are set and the amount on line 2c exceeds the amount on line 3, what portion of the loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying ical expenditure next year? amount of lobbying and political expenditures (see instructions)	ior year? n 501(c) 'No," Ol	2(5), or R (b) Po	2 3 section	ne 3, is
2 Did the composition of the com	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Is sessments and similar amounts from members (do not include amounts of expenses for which the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying ical expenditure next year? amount of lobbying and political expenditures (see instructions) Supplemental Information	ior year? n 501(c) 'No," Ol	2(5), or R (b) Po	section art III-A, li	ne 3, is
2 Did the d 3 Did the d Part III-B 1 Dues, as 2 Section political a Current b Carryove c Total 3 Aggrega 4 If notices excess d and polit 5 Taxable Part IV	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Is sessments and similar amounts from members (do not include amounts of expenses for which the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying ical expenditure next year? amount of lobbying and political expenditures (see instructions) Supplemental Information scriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group line)	ior year? n 501(c) 'No," Ol	2(5), or R (b) Po	section art III-A, li	ne 3, is
2 Did the de 3 Did the de Part III-B 1 Dues, as 2 Section political a Current y b Carryove c Total 3 Aggrega 4 If notices excess dand polit 5 Taxable Part IV Provide the de 2 (see instruct	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." It is is is a sessment and similar amounts from members and similar amounts from members and similar amounts from members and similar amounts of expenses for which the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are were sent and the amount on line 2c exceeds the amount on line 3, what portion of the loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying ical expenditure next year? amount of lobbying and political expenditures (see instructions) Supplemental Information scriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lines); and Part II-B, line 1. Also, complete this part for any additional information.	ior year? n 501(c) 'No," Ol	2(5), or R (b) Po	section art III-A, li	ne 3, is
2 Did the de 3 Did the de Part III-B 1 Dues, as 2 Section political a Current y b Carryove c Total 3 Aggrega 4 If notices excess dand polit 5 Taxable Part IV Provide the de 2 (see instruct	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the present of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Is sessments and similar amounts from members (do not include amounts of expenses for which the section 527(f) tax was paid). It is a mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying ical expenditure next year? amount of lobbying and political expenditures (see instructions) Supplemental Information scriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group line)	ior year? n 501(c) 'No," Ol	2a 2b 2c 3 4 5 -A, lines	section art III-A, Iii	ne 3, is
2 Did the de 3 Did the de 2 (see instruct SCHEDU	organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the process of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." is sessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). It is a amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the loes the organization agree to carryover to the reasonable estimate of nondeductible lobbying ical expenditure next year? amount of lobbying and political expenditures (see instructions) Supplemental Information scriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lines); and Part II-B, line 1. Also, complete this part for any additional information.	ior year? n 501(c) 'No," Ol	2a 2b 2c 3 4 5 -A, lines	section art III-A, lin	

Schedule C (For	m 990 or 990-EZ) 2016 VERMON	NT CARES		**-***7864	Page 4
Part IV	Supplemental Informati	on (continued)		, , , ,	
	Supplemental informati	on (continued)			
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization Employer identification number

Inspection

V	ERMONT CARES		**-***7864
-	Organizations Maintaining Donor Advised Complete if the organization answered "Yes"	Funds or Other Similar Funds on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writin	ng that the assets held in donor advised	
	funds are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor advise		
	only for charitable purposes and not for the benefit of the donor or		
	conferring impermissible private benefit?		Yes No
P	rt II Conservation Easements.		
_	Complete if the organization answered "Yes"		
1	Purpose(s) of conservation easements held by the organization (o		
	Preservation of land for public use (e.g., recreation or education		
	Protection of natural habitat	Preservation of a certified histor	ic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified ceasement on the last day of the tax year.	conservation contribution in the form of a c	
			Held at the End of the Tax Yea
a			2a
C	Total acreage restricted by conservation easements	e included in (e)	2b 2c
	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired after	e included in (a)	20
u	historic structure listed in the National Desister		2d
3	Number of conservation easements modified, transferred, release	ed avtinguished or terminated by the arga	
3	tax year	ed, extinguished, or terminated by the orga	inzation during the
А	Number of states where property subject to conservation easeme	nt is located	
5	Does the organization have a written policy regarding the periodic		
•	violations, and enforcement of the conservation easements it hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year
•	b	and of violations, and emotoring conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation e	asements during the year
•	> \$	or violations, and emoraling conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4)	(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea	asements in its revenue and expense state	ement and
-	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95		
	works of art, historical treasures, or other similar assets held for p		
	public service, provide, in Part XIII, the text of the footnote to its fir		
b	If the organization elected, as permitted under SFAS 116 (ASC 95		
	works of art, historical treasures, or other similar assets held for pr		urtherance of
	public service, provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasure		, provide the
_	following amounts required to be reported under SFAS 116 (ASC		b 0
a	Revenue included on Form 990, Part VIII, line 1		5
<u>q</u>	Assets included in Form 990, Part X		\$

Sch	edule D (Form 990) 2016 VERMONT	CARES			**-**	*7864		Page 2
P	art III Organizations Maintain	ing Collections	of Art, Historic	al Treasur	es, or Oth	er Simila	ar Asse	
3								
а	Public exhibition	d	Loan or exchange	orograms				
b	Scholarly research	е 🗍						
C	Preservation for future generations		************					
4	Provide a description of the organization'	s collections and exp	lain how they furthe	r the organiza	ation's exemp	ot purpose i	n Part	
	XIII.		,					
5	During the year, did the organization solid	cit or receive donatio	ns of art, historical to	reasures, or o	ther similar			
	assets to be sold to raise funds rather that							Yes No
Pa	art IV Escrow and Custodial A							
	Complete if the organizat	ion answered "Y	es" on Form 990	D, Part IV, I	line 9, or re	eported a	n amou	ınt on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, cus-	todian or other intern	nediary for contributi	ons or other	assets not			
	included on Form 990, Part X?		-					Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:	Occur em cener		00000000000		
			-				P	Amount
С	Beginning balance					1c		
	Additions during the year		gg			1d		
е	Distributions during the year		·8	15571 553 165613		1e		
f	Ending balance		S	10011001001001		1f		
2a	Did the organization include an amount o	n Form 990. Part X.	line 21, for escrow of	r custodial ac	count liability	?		Yes No
	If "Yes," explain the arrangement in Part							
	ert V Endowment Funds.							
* 115	Complete if the organizat	ion answered "Y	es" on Form 990). Part IV. I	ine 10.			
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three years	back	(e) Four years back
1a	Beginning of year balance		.,,	(1)		(-,,		(-)
b	Contributions							
	Net investment earnings, gains, and							
_								
d	Grants or scholarships							
	Other expenditures for facilities and			-				
	programs							
f	Administrative expenses							
g	End of year balance						-	
_	Provide the estimated percentage of the o	current year and halo	unas /lina 1a. salumr	\ (a)\ bald as:				
	Board designated or quasi-endowment		ince (inte 19, column	i (a)) ilelu as.				
h	Permanent endowment ▶ %	/0						
c	Temporarily restricted endowment	۵/,						
·	The percentages on lines 2a, 2b, and 2c s							
રવ	Are there endowment funds not in the pos	·	vization that are held	l and adminia	tarad for the			
Ju	organization by:	ssession of the organ	nzation that are net	i and adminis	tered for the			Yes No
	,						Ĭ	
	(i) unrelated organizations (ii) related organizations							3a(i)
h	If "Yes" on line 3a(ii), are the related orga	nizatione listed as ro	auirad an Sahadula					3a(ii)
1	Describe in Part XIII the intended uses of			Nf			j	3b
D.	Land, Buildings, and Eq		idowinent lunus.					
	Complete if the organizati		es" on Form 000) Part IV/ II	ine 11a S/	ao Form (aan Da	art Y line 10
-	Description of property	(a) Cost or other		other basis	(c) Accur			d) Book value
	bossiption of property	(investment)		her)	deprec		"	a) book value
10	Land		(0)	,	авріво			
	D. Date							
	*						-	
	Leasehold improvements		7	00 004		E2 601	-	E0 100
	Equipment			.02,804		52,681	-	50,123
Total	Other	et equal Form 000.	Port V. column (D)	no 10c \				E0 100
· Old	ii Add iines Ta tirrough Te. (Column (d) Mu	ist equal Form 990, F	art A, Column (B), II	ne 100.)			1	50,123

Public Conv

Schedule D (Form 990) 2016 VERMONT CARES		**-***7864	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes	" on Form 990, Part IV	, line 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)	22 251 252 252 253 31 353 31 31 31 31 31 31 31 31 31 31 31 31 31			
(B)	20 Me 000 Ma 300 1000 Months 100 100 Marin 100			
(C)	NO NO COUNTY OF ASSESSMENT OF THE SECOND OF			
(D)				
(E)	THE STATE OF THE S			
(F)	201 222 1 1 1 1 1 1 2 1 2 2 2 2 2 2 2 2			
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(H)	11991111911199219991119191919191919			
The second secon	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.	" F 000 D (IV	" 44 0 " 0	00 5 13/11 10
	Complete if the organization answered "Yes"	(b) Book value		
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)			O dat or orial or you	in market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 9	90, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		-	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes' line 25.	on Form 990, Part IV	, line 11e or 11f. See F	orm 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes			
	PAYABLE TO EMPLOYEE	3,000		
(3)		2,230		

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) NOTE PAYABLE TO EMPLOYEE	3,000	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,000	

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

chedule D (Form 990) 2016 VERMONT CARES		**-***786	4	Page 4
Part XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form			Retu	rn.
4. Total account a single and other support on a district for a single test account.			1	1,002,359
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		0.000000		1,002,555
a Net unrealized gains (losses) on investments	2a		111111111111111111111111111111111111111	
b Donated services and use of facilities	2b	10,800		
c Recoveries of prior year grants	2c	20,000		
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	10,800
3 Subtract line 2e from line 1		• COOKE 150000 61000	3	991,559
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·		26.10	332,333
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		-13,842		
a Add lines de and de			4c	-13,842
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	ă		5	977,717
Part XII Reconciliation of Expenses per Audited Financial				
Complete if the organization answered "Yes" on Form			CI IXC	turii.
			1	1,014,178
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				T,014,170
	2a	10,800		
a Donated services and use of facilities		10,800		
b Prior year adjustments	20			
c Other losses	2C			
d Other (Describe in Part XIII.)	2d		Pagettin	10 000
e Add lines 2a through 2d			2e	10,800
Subtract line 2e from line 1		00.00	3	1,003,378
Amounts included on Form 990, Part IX, line 25, but not on line 1:	h.		STEELS ST	
a Investment expenses not included on Form 990, Part VIII, line 7b		72 040		
b Other (Describe in Part XIII.)		-13,842		
c Add lines 4a and 4b		GE (())	4c	-13,842
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	989,536
Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4				
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any addit	ional information.		
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PART XI, LINE 4B - REVENUE AMOUNTS INCL	UDED ON F	RETURN - O	THER	
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PART XII, LINE 4B - EXPENSE AMOUNTS INC	HONEN OW	VETOKN -	7 T L L	
FUNDRAISING EXPENSES INCLUDED IN REVENU	E ON RETU	JRN	\$	-13,842
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Schedule D) (Form 990) 201	6 VERMONT	CARES			**-***7864	Page 5
Part XI	I Supplem	6 VERMONT ental Information	n (continued)				
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

VERMONT CARES					**-***78	864
Part I Fundraising Activities. Complet Form 990-EZ filers are not require	e if the organized to complete	ation this	ans part.	wered "Yes" on F	orm 990, Part IV	line 17.
1 Indicate whether the organization raised funds through	igh any of the folio	owing	activit	ies. Check all that app	ly.	
a Mail solicitations	e Solicitation	on of n	on-go	vernment grants		
b Internet and email solicitations	f Solicitation	on of g	overn	ment grants		
c Phone solicitations	g Special fu	undrais	sing e	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreeme	nt with any individ	ual (in	cludin	g officers, directors, tr	ustees,	
or key employees listed in Form 990, Part VII) or en b If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization.	tity in connection of the state	with pr rsuant	ofess to ag	ional fundraising servi reements under which	ces? the fundraiser is to b	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo	id fund- r have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						,
9						
0						
otal		1	•			
3 List all states in which the organization is registered registration or licensing.		cit con	tributi	ons or has been notifie	ed it is exempt from	EGUATIVA E GUANA
		es .2.	529.53			trassasan was niki recon
		* 52 'S'	. 555 C			ternal state of the state of
			253.0	SATURE ASSESSMENT OF THE PROPERTY OF THE PROPE		

	than \$15,000 d	Z) 2016 VERMONT CAI Events. Complete if the org of fundraising event contribi greater than \$5,000.	anization answered "Yes"	on Form 990, Part IV.	*7864 Page 2 line 18, or reported I and 6b. List event
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AUCTION (event type)	CHAMP RIDE (event type)	1 (total number)	(add col. (a) through col. (c))
	1 Gross receipts	18,146	16,259	14,373	48,778
	Less: Contributions Gross income (line 1 minus	9,392	15,459	10,085	34,936
+	line 2)	8,754	800	4,288	13,842
	4 Cash prizes				
1	5 Noncash prizes				
	Rent/facility costs				
	7 Food and beverages				
1	B Entertainment				
1	Other direct expenses	8,754	800	4,288	13,842
1	Direct expense summar	y. Add lines 4 through 9 in column	(d)	b	
11	 Net income summary. S 	y. Add lines 4 through 9 in column ubtract line 10 from line 3, column polete if the organization an	(d)		13,842
11	1 Net income summary. S t III Gaming. Com	y. Add lines 4 through 9 in column ubtract line 10 from line 3, column nplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990		13,842
11	1 Net income summary. S t III Gaming. Com	ubtract line 10 from line 3, column plete if the organization an	(d)		13,842
ar	1 Net income summary. S 1 III Gaming. Com than \$15,000	ubtract line 10 from line 3, column pplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990), Part IV, line 19, or re	13,842 ported more (d) Total gaming (add
ar	1 Net income summary. S t III Gaming. Com	ubtract line 10 from line 3, column pplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990), Part IV, line 19, or re	13,842 ported more (d) Total gaming (add
ar	1 Net income summary. S 1 III Gaming. Com than \$15,000	ubtract line 10 from line 3, column pplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990), Part IV, line 19, or re	13,842 ported more (d) Total gaming (add
ar ar	1 Net income summary. S 1 III Gaming. Com than \$15,000	ubtract line 10 from line 3, column pplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990), Part IV, line 19, or re	13,842 ported more (d) Total gaming (add
ar ar	1 Net income summary. S 1 III Gaming. Com than \$15 000 I Gross revenue	ubtract line 10 from line 3, column pplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990), Part IV, line 19, or re	13,842 ported more (d) Total gaming (add
Par	1 Net income summary. S 1 III Gaming. Com than \$15 000 I Gross revenue Cash prizes Noncash prizes	ubtract line 10 from line 3, column pplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990), Part IV, line 19, or re	13,842 ported more (d) Total gaming (add
ar ar	1 Net income summary. S 1 III Gaming. Com than \$15,000 I Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	ubtract line 10 from line 3, column pplete if the organization an on Form 990-EZ, line 6a.	swered "Yes" on Form 990), Part IV, line 19, or re	13,842 ported more (d) Total gaming (add
ar ar	1 Net income summary. S 1 III Gaming. Com than \$15 000 I Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	ubtract line 10 from line 3, column plete if the organization an on Form 990-EZ, line 6a. (a) Bingo	(d) Swered "Yes" on Form 990 (b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	13,842 eported more (d) Total gaming (add col. (a) through col. (c))
ar a	1 Net income summary. S 1 III Gaming. Com than \$15 000 I Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	ubtract line 10 from line 3, column plete if the organization an on Form 990-EZ, line 6a. (a) Bingo Yes % No	(d) swered "Yes" on Form 990 (b) Pull tabs/instant bingo/progressive bingo Yes % No (d)	Yes %	13,842 eported more (d) Total gaming (add col. (a) through col. (c))

b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2016 VERMONT CARES	**-***7864	P	age 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	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?	V. 555 - 100 S V. HOLD 10 - 1	Yes	No
13	Indicate the percentage of gaming activity conducted in:	7 7		
a	The organization's facility	13a		%
b 14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	13b		%
14	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	168	
	amount of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name >	vice a apa din anno dia .		
	Address >			
16	Gaming manager information:			
	Name >	-500-cod Floor-SEEE		
	Gaming manager compensation ▶\$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year			_
Par		columns (iii) and (v); and	t
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any as See instructions	aditional Informati	on.	
	Gee matractions			
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public 2016 OMB No. 1545-0047

> ▶ Information about Schedule | (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

> > VERMONT CARES

Inspection Employer identification number **-**7864

å Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance X Yes 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed noncash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part Part II £ (2) 3 4 <u>2</u> 9 8 8 6

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

Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

2016 Open to Public

Name of the organization Employer identification number VERMONT CARES **-***7864 FORM 990, PART I, LINE 6 THE VOLUNTEERS THAT SERVE VERMONT CARES PROVIDE SERVICES RANGING FROM COOOKING FOR HOLIDAY MEALS TO CLEANING OFFICES TO HELPING SET UP AND RUN FUNDRAISERS. ADDITIONALLY, VOLUNTEERS HELP STAFF THE FRONT DESK, SUPPORT DATA ENTRY FUNCTIONS, DEVELOP OUR WEBSITE AND PREPARE MAILINGS. FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS PETER JACOBSEN BHUTTU MATHEWS E.D. DIRECTOR MARRIED FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS SUBMITTED TO THE EXECUTIVE COMMITTEE IN ADVANCE OF FILING FOR REVIEW. COMMENTS OR QUESTIONS ARE SUBMITTED TO THE EXECUTIVE DIRECTOR AND RESPONSES ARE SECURED BEFORE FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED ANNUALLY WITH ALL BOARD AND STAFF. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE FOR PUBLIC REVIEW UPON REQUEST AT THE BURLINGTON

Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization VERMONT CARES	Employer identification	
VERMONI CARES	**-***7864	
OFFICE.	eve comes recovers a	
Enter the control of		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASS	ETS EXPLANAT	ION
FUNDRAISING EXPENSES INCLUDED IN REVENUE ON RETURN	\$	13,842
FUNDRAISING EXPENSES INCLUDED IN REVENUE ON RETURN		
191919110110 BALBADED INCHODED IN REVENUE ON RETURN	\$	-13,842
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	PAGE 1 OF	1

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Internal Revenue Service Name(s) shown on return Identifying number VERMONT CARES **-***7864 Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 500,000 Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,010,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 4.145 MACRS Depreciation (Don't include listed property.) (See instructions.) 0 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . Section B-Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5 .a. .. (B) 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property h Residential rental 27.5 yrs. SI MM property MM 27.5 yrs. S/L Nonresidential real MM 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L Summary (See instructions.) Part IV

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

Listed property. Enter amount from line 28

For assets shown above and placed in service during the current year, enter the

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

Form 4562 (2016)

4,145

21

21

(SCHEDULE G Form 990 or 990-EZ)	Fur calendar year 2016, or tax year	Indraising Other Ev	ents 16 , and ending 09/30	2016
Nai	me /ERMONT CARE	S			ployer Identification Number -***7864
		(a) Other event OTHER EVENTS	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through
<u>ne</u>		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts 2 Less: Charitable	14,373			14,373
	contributions	10,085			10,085
_	3 Gross income (line 1 minus line 2)	4,288			4,288
	4 Cash prizes				
	5 Noncash prizes				
nses	6 Rent/facility costs				
Direct Expenses	7 Food/beverages				
Direc	8 Entertainment				
	9 Other expenses	4,288			4,288

Two Year Comparison Report Form 990 2015 & 2016 For calendar year 2016, or tax year beginning 10/01/1609/30/17 ending

Name Taxpayer Identification Number VERMONT CARES **-***7864 2015 2016 **Differences** 1. Contributions, gifts, grants 154,178 1. 159,000 4,822 2. Membership dues and assessments 3. Government contributions and grants 3. 637,640 667,463 29,823 4. Program service revenue 43,527 4. 107,727 151,254 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 3,678 11. Other revenue 11. -3,678 12. Total revenue. Add lines 1 through 11 12. 839,023 977,717 138,694 13. Grants and similar amounts paid 104,272 13. 115,184 -10,912 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 90,221 85,819 -4,402 16. Salaries, other compensation, and employee benefits 559,696 16. 445,267 114,429 17. Professional fundraising fees 17. 18. Other professional fees 18. 35,326 34,550 -776 19. Occupancy, rent, utilities, and maintenance 19. 45,562 49,756 4,194 20. Depreciation and Depletion 20. 2,551 4,145 1,594 21. Other expenses 21. 141,670 151,298 9,628 22. Total expenses. Add lines 13 through 21 875,781 22. 989,536 113,755 23. Excess or (Deficit). Subtract line 22 from line 12 23. -36,758 -11,819 24,939 24. Total exempt revenue 839,023 24. 977,717 138,694 25. Total unrelated revenue 25. Information 26. Total excludable revenue 47,205 151,254 26. 104,049 27. Total assets 27. 99,961 85,805 -14,156 28. Total liabilities -2,337 28. 126,057 123,720 29. Retained earnings 29. -26,096 -37,915 -11,819 30. Number of voting members of governing body 30. 10 10

31.

32.

10

15

209

10

17

245

31. Number of independent voting members of governing body

32. Number of employees

33. Number of volunteers

Form 990		Tax Re	Tax Return History			2016
Name VERMONT CARES	ARES				Employe * * 3	Employer Identification Number
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants Membership dues	743,824	701,450	844,680	791,818	826,463	
Program service revenue Capital gain or loss	42,620	24,220	14,120	43,527	151,254	
Investment income						
Fundraising revenue (income/loss)	-11,441					
Gaming revenue (income/loss)						
Other revenue	7,851	464		3,678		
Total revenue	782,854	726,134	858,800	6	977,717	
Grants and similar amounts paid	121,227	111,977	23,5		104,272	
Benefits paid to or for members					1	
Compensation of officers, etc.	-	79,899	84,066	90,221	85,819	
Other compensation	383,352	7	413,497	445,267	4 +	
Professional fees		d	29,431	5,3	34	
Occupancy costs	42,094	47,581	00	2	49,756	
Depreciation and depletion		1,795	2,249	2,551	4	
Other expenses	15	06,1	9,4	-	151,298	
Total expenses	4,98	780,650	820,261	875,781	∞	
Excess or (Deficit)	37,873	-54,516	m	9		
Total exempt revenue Total unrelated revenue	782,854	726,104	858,800	839,023	977,717	
Total excludable revenue	782,854	726,104	14,120	47,205	151. 254	
Total Assets	62,764	53,111	0	5	855	
Total Liabilities	36,095	o)	49,532	126,057	- 3	
Net Fund Balances	26,669	-27,877	10,662		37,91	

Form 990T		Tax R	Tax Return History			2016
Name VERMONT CARES	ARES					Employer Identification Number
1	2012	2013	2014	2015	2016	2017
Business activity profit/loss Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Name VERMONT CARES Other deductions Net operating loss deduction Specific deduction Income after expense and deductions Income tax (corporate or trust) Other taxes Total taxes	2013	2014	2015		Employer Identification Number
ions Joss deduction Lation expense and deductions corporate or trust)	2013	2014	2015	4	
Joss deduction Lotion expense and deductions corporate or trust)				2016	2017
axpense and deductions corporate or trust)					
expense and deductions	1,000				
Income tax (corporate or trust) Other taxes Total taxes	-1,000				
Other taxes Total taxes					
Total taxes					
General business credit					
Other credits					
Net tax after credits					
Estimated tax payments					
Other payments					
Balance due/Overpayment					54

^{*} Income shown net of expenses