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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 , and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 431

City or town, state or country, and ZIP + 4
BONDVILLE, VT 05340

D Employer identification number
04-3343551

E Telephone number
(802) 297-2096

F Group Exemption Number ▶

✱ ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ N/A

J Organization type (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 105,350

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	44,774
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	3,756
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a	56,820	
	b	Less direct expenses other than fundraising expenses	6b	18,229	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	38,591
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	87,121
Expenses	10	Grants and similar amounts paid (attach schedule)		10	65,007
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	46,998
	13	Professional fees and other payments to independent contractors		13	3,225
	14	Occupancy, rent, utilities, and maintenance		14	4,560
	15	Printing, publications, postage, and shipping		15	607
	16	Other expenses (describe ▶ _____)		16	20,390
	17	**Total expenses** (add lines 10 through 16) ▶		17	140,787
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-53,666
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	215,795
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	162,129

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	223,272	22	165,550
23	Land and buildings		23	
24	Other assets (describe ▶ _____)	1,735	24	4,381
25	**Total assets**	225,007	25	169,931
26	**Total liabilities** (describe ▶ _____)	9,212	26	7,802
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	215,795	27	162,129

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
THE ORGANIZATION HAS ESTABLISHED A SERIES OF EVENTS AND PROGRAMS AND STRATTON ARCHIVES FOR THE BENEFIT OF THE PUBLIC AND, THROUGH GRANTS, FOR VARIOUS CHARITABLE CAUSES

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 THE ORGANIZATION HAS ESTABLISHED A SERIES OF EVENTS AND PROGRAMS AND STRATTON ARCHIVES FOR THE BENEFIT OF THE PUBLIC AND, THROUGH GRANTS, FOR VARIOUS CHARITABLE CAUSES (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The books are in care of ▶ KATHY MOSENTHAL Telephone no ▶ (802) 297-2096			
	Located at ▶ PO BOX 431 BONDVILLE, VT ZIP + 4 ▶ 05340			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		No

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

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

****** — Signature of officer — 2010-02-04 — Date

GREG MEULEMANS Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
JENNIFER A SWENOR			

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ENGEL SPIVEY LEMONIK PC, PO BOX 1349, MANCHESTER CENTER, VT 052551349

EIN ▶

Phone no ▶ (802) 362-1946

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION INC

Employer identification number
04-3343551

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the 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 - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	98,185	71,850	50,309	48,412	44,774	313,530
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	123,835	109,551	142,581	77,982	56,820	510,769
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total** Add lines 1-5	222,020	181,401	192,890	126,394	101,594	824,299
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			50,309			50,309
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	26,000	8,000				34,000
c Total of lines 7a and 7b	26,000	8,000	50,309			84,309
8 **Public Support** (Substract line 7c from line 6)						739,990

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	222,020	181,401	192,890	126,394	101,594	824,299
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,819	6,048	9,785	8,505	3,756	30,913
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						0
c Add lines 10a and 10b	2,819	6,048	9,785	8,505	3,756	30,913
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total Support** (Add lines 9, 10c, 11 and 12)						855,212

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	86 530 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	86 430 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	3 610 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	2 650 %

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 04-3343551
Name: STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BARBARA PRICE 2017 BARNUMVILLE ROAD MANCHESTER CENTER,VT 05255	Director 0	0		
KAY MOSENTHAL PO BOC 402 LONDONDERRY,VT 05148	Director 0	0		
KATHY MOSENTHAL P O BOX 402 LONDONDERRY,VT 05148	Treasurer 0	0		
CAL LOW 187 OLD TAVERN ROAD WESTON,VT 05161	Director 0	0		
SKY FOULKES 50 ROSE LANE JAMAICA,VT 05343	Director 0	0		
BRENDA GOTTLIEB PO BOX 484 BONDVILLE,VT 05340	Director 0	0		
MICHAEL COBB P O BOX 86 PERU,VT 05152	Director 0	0		
JOHN WAITE PO BOX 419 BONDVILLE,VT 05340	Director 0	0		
DIANE STUGGER PO BOX 625 STRATTON MTN,VT 05155	Director 0	0		
JIM WILBUR 2920 UNDER THE MOUNTAIN ROAD SO LONDONDERRY,VT 05155	Director 0	0		
RICHARD LECHTHALER 275 OLD TAVERN ROAD WESTON,VT 05161	Director 0	0		
ED GLAZER PO BOX 739 BONDVILLE,VT 05340	Director 0	0		
DAVID EDELL 3 GERLACH PLACE LARCHMONT,NY 10538	Director 0	0		
GREG MEULEMANS PO BOX 520 STRATTON MTN,VT 05155	Executive Direc 0	0		

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
STRATTON MOUNTAIN & VALLEY COMMUNITY
BENEFIT FOUNDATION INC

Employer identification number
04-3343551

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 BLACK AND BLUE AUCTION AND BALL (event type)	(b) Event #2 TINK SMITH GOLF TOURNAMENT (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	25,745	13,606	14,809	54,160
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	25,745	13,606	14,809	54,160
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	9,967	3,111	3,100	16,178
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				16,178
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				37,982

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION INC

EIN: 04-3343551

Software ID: 08000091

Software Version: 2008v2.7

Item No.	1
Class of Activity	GENERAL GRANT
Donee's Name	BENNINGTON FREE CLINIC
Donee's Address	601 MAIN STREET BENNINGTON, VT 05201
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	GENERAL GRANT
Donee's Name	NEIGHBORS PANTRY
Donee's Address	2051 MAIN STREET LONDONDERRY, VT 05148
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	GENERAL GRANT
Donee's Name	WILDER LIBRARY
Donee's Address	24 LAWRENCE HILL ROAD WESTON, VT 05161
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	GENERAL GRANT
Donee's Name	IN SIGHT PHOTOGRAPHY PROJECT
Donee's Address	45 FLAT STREET SUITE 1 BRATTLEBORO, VT 05301
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	GENERAL GRANT
Donee's Name	GOOD NEWS GARAGE
Donee's Address	331 NORTH WINOOSKI AVE BURLINGTON, VT 05401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	GENERAL GRANT
Donee's Name	DORSET THEATRE FESTIVAL
Donee's Address	CHURCH STREET DORSET, VT 05251
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	GENERAL GRANT
Donee's Name	CHAMPION FIRE COMPANY #5
Donee's Address	P O BOX 5 SO LONDONDERRY, VT 05155
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	GENERAL GRANT
Donee's Name	JAMAICA VOLUNTEER FIRE DEPARTMENT
Donee's Address	P O BOX JAMAICA, VT 05343
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	GENERAL GRANT
Donee's Name	DANBY MOUNT TABOR FIRE DEPARTMENT
Donee's Address	533 STAPLES ROAD DANBY, VT 05739
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	GENERAL GRANT
Donee's Name	SMOKEY HOUSE
Donee's Address	426 DANBY MOUNTAIN ROAD DANBY, VT 05739
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	GENERAL GRANT
Donee's Name	GREEN MOUNTAIN RSVP
Donee's Address	215 PLEASANT STREET BENNINGTON, VT 05201
Amount (FMV)	986
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	GENERAL GRANT
Donee's Name	THE DORSET SCHOOL
Donee's Address	MORSE HILL RD DORSET, VT 05251
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	GENERAL GRANT
Donee's Name	WEST RIVER FARMERS MARKET
Donee's Address	PO BOX 608 LONDONDERRY, VT 05148
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	GENERAL GRANT
Donee's Name	WARSDBORO ELEMENTARY SCHOOL
Donee's Address	PO BOX 107 WARDSBORO, VT 05355
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	GENERAL GRANT
Donee's Name	VISITING NURSES ASSOC AND HOSPICE
Donee's Address	38 PLEASANT STREET SPRINGFIELD, VT 05156
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	GENERAL GRANT
Donee's Name	VERMONT SYMPHONY ORCHESTRA
Donee's Address	2 CHURCH STREET BURLINGTON, VT 05401
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	GENERAL GRANT
Donee's Name	VERMONT INSTITUTE OF NATURAL SCIENCE
Donee's Address	PO BOX 1281 QUEECHEE, VT 05059
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	GENERAL GRANT
Donee's Name	VALLEY CARES INC
Donee's Address	PO BOX 341 TOWNSHEND, VT 05353
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	GENERAL GRANT
Donee's Name	UNITED COUNSELING SERVICES
Donee's Address	5312 MAIN STREET MANCHESTER CTR, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	GENERAL GRANT
Donee's Name	TOWNSHEND ELEMENTARY SCHOOL
Donee's Address	PO BOX 236 TOWNSHEND, VT 05353
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	GENERAL GRANT
Donee's Name	SUNDERLAND ELEMENTARY SCHOOL
Donee's Address	98 BEAR RIDGE RD ARLINGTON, VT 05250
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	GENERAL GRANT
Donee's Name	PROJECT LINUS
Donee's Address	1169 GRAFTON RD TOWNSHEND, VT 05353
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	GENERAL GRANT
Donee's Name	PERU VOLUNTEER FIRE DEPT
Donee's Address	PO BOX 127 PERU, VT 05152
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	GENERAL GRANT
Donee's Name	NORTHEAST ORGANIC FARMING ASSOC OF VT
Donee's Address	PO BOX 697 RICHMOND, VT 05477
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	GENERAL GRANT
Donee's Name	MAPLE STREET SCHOOL
Donee's Address	322 MAPLE STREET MANCHESTER CTR, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	GENERAL GRANT
Donee's Name	LONG TRAIL SCHOOL
Donee's Address	1045 KIRBY HOLLOW RD DORSET, VT 05251
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	GENERAL GRANT
Donee's Name	IN-SIGHT PHOTOGRAPHY PROJECT
Donee's Address	41 FLAT STREET BRATTLEBORO, VT 05301
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	GENERAL GRANT
Donee's Name	HOME AWAY FROM HOME DAYCARE
Donee's Address	108 EQUINOX TERRACE RD MANCHESTER CTR, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	GENERAL GRANT
Donee's Name	EMERGENCY NEEDS FUND
Donee's Address	PO BOX 2644 MANCHESTER CTR, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	GENERAL GRANT
Donee's Name	DANBY MT TABOR FIRE DEPT
Donee's Address	533 STAPLES RD DANBY, VT 05739
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	GENERAL GRANT
Donee's Name	BROC COMMUNITY ACTION IN SW VERMONT
Donee's Address	60 CENTER STREET RUTLAND, VT 05701
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	GENERAL GRANT
Donee's Name	BENNINGTON AREA MEALS PROGRAM
Donee's Address	124 PLEASANT STREET BENNINGTON, VT 05201
Amount (FMV)	2,200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	GENERAL GRANT
Donee's Name	ARLINGTON ARTS AND ENRICHMENT PROGRAM
Donee's Address	PO BOX 221 ARLINGTON, VT 05250
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	GENERAL GRANT
Donee's Name	GRN MTN ACDY LIFELONG LEARNING
Donee's Address	PO BOX 1820 MANCHESTER CTR, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	GRANT TO SCHOOL BOARD
Donee's Name	ARLINGTON FOOD SHELF
Donee's Address	PO BOX 723 ARLINGTON, VT 05250
Amount (FMV)	2,700
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	GENERAL GRANT
Donee's Name	WEST RIVER SPORTS ASSOC
Donee's Address	PO BOX 685 LONDONDERRY, VT 05148
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	GENERAL GRANT
Donee's Name	WEST WARDSBORO BAPTIST CHURCH
Donee's Address	PO BOX 187 WEST WARDSBORO, VT 05360
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	GENERAL GRANT
Donee's Name	VT YOUTH CONSERVATION CORPS
Donee's Address	1949 EAST MAIN STREET RICHMOND, VT 05477
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	GENERAL GRANT
Donee's Name	WINDHAM TOWN LIBRARY
Donee's Address	5976 WINDHAM HILL RD WINDHAM, VT 05359
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	40
Class of Activity	GENERAL GRANT
Donee's Name	THE COLLABORATIVE
Donee's Address	PO BOX 32 SOUTH LONDONDERRY, VT 05155
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	GENERAL GRANT
Donee's Name	SOUTHERN VERMONT SOCCER CLUB
Donee's Address	PO BOX 433 MANCHESTER, VT 05254
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	
Donee's Name	RUTLAND AREA VISITING NURSES
Donee's Address	PO BOX 787 RUTLAND, VT 05701
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	GENERAL GRANT
Donee's Name	GRACE COTTAGE HOSPITAL FDN
Donee's Address	RT 35 TOWNSHEND, VT 05353
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	GENERAL GRANT
Donee's Name	MANCHESTER PARKS AND REC DEPT
Donee's Address	RT 30 MANCHESTER, VT 05254
Amount (FMV)	302
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	45
Class of Activity	GENERAL GRANT
Donee's Name	LUND FAMILY CENTER
Donee's Address	200 VETERANS MEMORIAL DR BENNINGTON, VT 05201
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	46
Class of Activity	GENERAL GRANT
Donee's Name	NEIGHBOR TO NEIGHBOR INTERFAITH COUNCIL
Donee's Address	PO B0X 226 MANCHESTER, VT 05255
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	47
Class of Activity	GENERAL GRANT
Donee's Name	MARTHA CANFIELD LIBRARY
Donee's Address	528 E ARLINGTON RD ARLINGTON, VT 05250
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	48
Class of Activity	GENERAL GRANT
Donee's Name	JAMAICA RECREATION COMMITTEE
Donee's Address	RT 30 JAMAICA, VT 05343
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	49
Class of Activity	GENERAL GRANT
Donee's Name	NORTHSHIRE COMMUNITY COALITION
Donee's Address	PO BOX 330 MANCHESTER, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	50
Class of Activity	GENERAL GRANT
Donee's Name	SO LONDONDERRY LIBRARY ASSOC
Donee's Address	RT 11 LONDONDERRY, VT 05148
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	51
Class of Activity	GENERAL GRANT
Donee's Name	VERMONT READING PARTNERS
Donee's Address	5167 MAIN STREET MANCHESTER, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	52
Class of Activity	GENERAL GRANT
Donee's Name	COMMUNITY FOOD CUPBOARD
Donee's Address	PO BOX 864 MANCHESTER, VT 05255
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	53
Class of Activity	GENERAL GRANT
Donee's Name	VERMONT CHILDRENS AID SOCIETY
Donee's Address	PO BOX 127 WINOOSKI, VT 05404
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	54
Class of Activity	GENERAL GRANT
Donee's Name	TUTORIAL CENTER
Donee's Address	PO BOX 1492 MANCHESTER, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	55
Class of Activity	GENERAL GRANT
Donee's Name	RIVERBANK MEDIA
Donee's Address	PO BOX 1112 BRATTLEBORO, VT 05302
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	56
Class of Activity	GENERAL GRANT
Donee's Name	NORTHSHIRE FIGURE SKATING CLUB
Donee's Address	RT 7A MANCHESTER, VT 05255
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	57
Class of Activity	GENERAL GRANT
Donee's Name	MOUNTAIN SCHOOL AT WINHALL
Donee's Address	9 SCHOOL STREET BONVILLE, VT 05340
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	58
Class of Activity	GENERAL GRANT
Donee's Name	MAGIC MTN SKI PATROL
Donee's Address	PO BOX 396 LONDONDERRY, VT 05148
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	59
Class of Activity	GENERAL GRANT
Donee's Name	FRIENDS OF ROBERT FROST
Donee's Address	RT 7A SHAFTSBURY, VT 05111
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	60
Class of Activity	GENERAL GRANT
Donee's Name	DORSET PLAYERS INC
Donee's Address	CHURCH STREET DORSET, VT 05251
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	61
Class of Activity	GENERAL GRANT
Donee's Name	BART J RUGGIERE ADAPTIVE SUPP
Donee's Address	PO BOX 2232 MANCHESTER, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	62
Class of Activity	GENERAL GRANT
Donee's Name	THE DORSET SCHOOL
Donee's Address	MORSE HILL ROAD DORSET VT, VT 05251
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	63
Class of Activity	GENERAL GRANT
Donee's Name	NORTHSHIRE TEEN CENTER
Donee's Address	PO BOX 330 MANCHESTER VT, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	64
Class of Activity	GENERAL GRANT
Donee's Name	MAPLE STREET SCHOOL
Donee's Address	5769 MAIN ST MANCHESTER, VT 05254
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	65
Class of Activity	GENERAL GRANT
Donee's Name	LONDONDERRY VOLUNTEER & RESCUE
Donee's Address	ROUTE 100 LONDONDERRY VT, VT 05148
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	66
Class of Activity	GENERAL GRANT
Donee's Name	KINHAVEN MUSIC SCHOOL
Donee's Address	354 LAWRENCE HILL RD WESTON, VT 05161
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	67
Class of Activity	GENERAL GRANT
Donee's Name	FROG HOLLOW
Donee's Address	RT 7A MANCHESTER, VT 05254
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	68
Class of Activity	GENERAL GRANT
Donee's Name	FRIENDS FOUNDATIN FOR MEMS
Donee's Address	SCHOOL STREET MANCHESTER CENTER, VT 05255
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	69
Class of Activity	GENERAL GRANT
Donee's Name	FLOODBROOK STUDENT ACTIVITIES
Donee's Address	PO BOX 547 LONDONDERRY, VT 05148
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	70
Class of Activity	GENERAL GRANT
Donee's Name	ARLINGTON AREA CHILDCARE
Donee's Address	426 EAST ARLINGTON RD ARLINGTON, VT 05250
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	71
Class of Activity	GENERAL GRANT
Donee's Name	STRATTON MOUNTAIN SCHOOL
Donee's Address	RT 30 STRATTON VT, VT 05155
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	72
Class of Activity	GENERAL GRANT
Donee's Name	CARLOS OTIS STRATTON MTN CLINI
Donee's Address	PO BOX 617 STRATTON, VT 05155
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	73
Class of Activity	GENERAL GRANT
Donee's Name	VILLAGE DAY CARE & PRESCHOOL
Donee's Address	3624 MAIN STREET MANCHESTER CENTER VT, VT 05254
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	74
Class of Activity	GENERAL GRANT
Donee's Name	WINDHAM VOLUNTEER FIRE DEPT
Donee's Address	290 WHITE RD CHESTER, VT 05143
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	75
Class of Activity	GENERAL GRANT
Donee's Name	BIG BROTHERS BIG SISTERS
Donee's Address	ROUTE 7 MANCHESTER CENTER VT, VT 05254
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	76
Class of Activity	GENERAL GRANT
Donee's Name	SO VT WILDERNESS SEARCH & RES
Donee's Address	PO BOX 724 BONDVILLE VT, VT 05340
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	77
Class of Activity	GENERAL GRANT
Donee's Name	WESTON RECREATION CLUB
Donee's Address	ROUTE 100 WESTON VT, VT 05161
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	78
Class of Activity	GENERAL GRANT
Donee's Name	WESTON VOLUNTEER FIRE DEPARTMENT
Donee's Address	PO BOX 52 WESTON, VT 05161
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	79
Class of Activity	GENERAL GRANT
Donee's Name	WESTON PLAYOUSE
Donee's Address	PO BOX 216 WESTON, VT 05161
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	80
Class of Activity	GENERAL GRANT
Donee's Name	CURRIER MEMORIAL SCHOOL
Donee's Address	234 N MAIN STREET DANBY VT, VT 05739
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	81
Class of Activity	GENERAL GRANT
Donee's Name	JAMAICA MEMORIAL LIBRARY
Donee's Address	RT 30 JAMAICA, VT 05343
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	82
Class of Activity	GENERAL GRANT
Donee's Name	WINHALL MEMORIAL LIBRARY
Donee's Address	2 LOWER TAYLOR ROAD WINHALL VT, VT 05340
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	83
Class of Activity	GENERAL GRANT
Donee's Name	WEST RIVER SPORTS
Donee's Address	5700 ROUTE 100 LONDONDERRY, VT 05148
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	84
Class of Activity	GENERAL GRANT
Donee's Name	MANCHESTER HEALTH SERVICES
Donee's Address	5468 MAIN STREET MANCHESTER, VT 05255
Amount (FMV)	944
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	85
Class of Activity	GENERAL GRANT
Donee's Name	STRATTON MOUNTAIN FIRE CO
Donee's Address	5 BRAZERS WAY STRATTON MTN, VT 05155
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	86
Class of Activity	GENERAL GRANT
Donee's Name	RUTLAND AREA VISITING NURSES
Donee's Address	PO BOX 787 RUTLAND, VT 05701
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	87
Class of Activity	GENERAL GRANT
Donee's Name	MARK SKINNER LIBRARY
Donee's Address	ROUTE 7A MANCHESTER CENTER, VT 05255
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	88
Class of Activity	GENERAL GRANT
Donee's Name	ZION EPISCOPAL PRE SCHOOL
Donee's Address	ROUTE 7A MANCHESTER, VT 05255
Amount (FMV)	625
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	89
Class of Activity	GENERAL GRANT
Donee's Name	WARDSBORO ELEMENTARY
Donee's Address	70 SCHOOL RD WARDSBORO, VT 05355
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	90
Class of Activity	GENERAL GRANT
Donee's Name	WARDSBORO LIBRARY
Donee's Address	RT 100 WARDSBORO, VT 05355
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	91
Class of Activity	GENERAL GRANT
Donee's Name	BURR & BURTON
Donee's Address	143 SEMINARY AVENUE MANCHESTER, VT 05254
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	92
Class of Activity	GENERAL GRANT
Donee's Name	JAMAICA VILLAGE SCHOOL
Donee's Address	RT 30 JAMAICA, VT 05343
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	93
Class of Activity	GENERAL GRANT
Donee's Name	MANCHESTER & THE MOUNTAINS
Donee's Address	5046 MAIN STREET MANCHESTER CENTER, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	94
Class of Activity	GENERAL GRANT
Donee's Name	CHAMPION FIRE COMPANY #5
Donee's Address	PO BOX 5 SO LONDONDERRY, VT 05155
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	95
Class of Activity	GENERAL GRANT
Donee's Name	WEST RIVER MONTESSORI SCHOOL
Donee's Address	ROUTE 100 SO LONDONDERRY, VT 05155
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	96
Class of Activity	GENERAL GRANT
Donee's Name	MANCHESTER ELEMENTARY
Donee's Address	SCHOOL STREET MANCHESTER, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	97
Class of Activity	GENERAL GRANT
Donee's Name	MANCHESTER MUSIC FESTIVAL
Donee's Address	PO BOX 33 MANCHESTER CTR, VT 05255
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	98
Class of Activity	GENERAL GRANT
Donee's Name	NORTHSHIRE ACCESS TELEVISION
Donee's Address	116 LINCOLN AVENUE MANCHESTER, VT 05254
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	99
Class of Activity	GENERAL GRANT
Donee's Name	DORSET NURSING ASSOCIATION
Donee's Address	ROUTE 30 DORSET, VT 05251
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	100
Class of Activity	GENERAL GRANT
Donee's Name	FLOOD BROOK COMMUNITY COLLAB
Donee's Address	ROUTE 11 LONDONDERRY, VT 05148
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	101
Class of Activity	GENERAL GRANT
Donee's Name	ACADEMY FOR LIFELONG LEARNING
Donee's Address	RT 7A MANCHESTER, VT 05254
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	102
Class of Activity	GENERAL GRANT
Donee's Name	THE MOUNTAIN SCHOOL
Donee's Address	66 MIDDLE RIDGE ROAD STRATTON, VT 05155
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	103
Class of Activity	GENERAL GRANT
Donee's Name	NORTHSHIRE DAY SCHOOL
Donee's Address	221 HIGHLAND AVENUE MANCHESTER, VT 05254
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	104
Class of Activity	GENERAL GRANT
Donee's Name	VERMONT READING PARTNERS
Donee's Address	ROUTE 7A MANCHESTER CENTER, VT 05255
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	105
Class of Activity	GENERAL GRANT
Donee's Name	OPERA THEATER IN WESTON
Donee's Address	RT 100 WESTON, VT 05161
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	106
Class of Activity	GENERAL GRANT
Donee's Name	SOUTHERN VT ART CENTER
Donee's Address	WEST ROAD MANCHESTER, VT 05254
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	107
Class of Activity	GENERAL GRANT
Donee's Name	MTN VALLEY MEDICAL CENTER
Donee's Address	ROUTE 11 LONDONDERRY, VT 05148
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	108
Class of Activity	GENERAL GRANT
Donee's Name	FLOOD BROOK SCHOOL
Donee's Address	ROUTE 11 LONDONDERRY, VT 05148
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2008 Other Assets Schedule

Name: STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION INC

EIN: 04-3343551

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	1,735	1,115
Accounts Receivable		3,266

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TY 2008 Other Expenses Schedule

Name: STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION INC

EIN: 04-3343551

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
WEB SITE	2,075
TELEPHONE	1,088
Office Expenses	3,112
MISCELLANEOUS EXPENSES	1,102
MARKETING/PROMOTION	7,308
JANEWAY CUP	345
INSURANCE	706
GRANT ADMINISTRATION	208
EXECUTIVE BOARD	926
EMO HENRICH AWARD	278
DUES AND SUBSCRIPTIOMS	145
Depreciation	620
CREDIT CARD EXPENSE	1,083
COOKIE CARNIVAL	79
ARCHIVES EXPENSE	920
ADVISORY BOARD	395

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TY 2008 Other Liabilities Schedule

Name: STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION INC

EIN: 04-3343551

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
PAYROLL LIABILITIES	2,412	
Accounts Payable and Accrued Expenses	6,800	7,802