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Form 990

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)

OMB No 1545 0047

2008

		ue Service		► The organiza	tion may have to us	e a copy of this return	n to satisfy	state report	ing requirer	nents	Оре	en to Pu	ıblic Ins	pection
	For the	2008 calend	dar year,	or tax year bed	ginning Oct	1	, 2008, a	and endin	g Sep			, 200		
В	Check if a	applicable		C Name of orga	nization		-			D Employ	er Ideni	ufication P	lumber	
	Adda	ress change	Please use IRS label	Preservat	tion Trust	of Vermon	t, In	c.		03-	0281	195		
	Nam	ne change	or print or type			mail is not delivered to			uite	E Telepho	ne num	ber		
	Initia	al return	See specific	104 Churc	ch Street			21		(80	2) 6	58-66	547	
	Tern	nination	Instruc- tions	City, town or	country		State	ZIP code + 4						
	Ame	ended return		Burlingto	on		VT	05401		G Gross r	eceipts	s 4.90	9,174	l .
	Appl	lication pending		and address of princ					H(a) is this	a group retur			Yes	X No
		, ,		Bruhn 104 C	hurch Stree	t Burlington	n VT	05401		affiliates inc			Yes	No
ī	Tax-e	exempt statu) ◄ (ınsert no.)	4947(a)(1		527	If 'No,'	attach a list	(see in:	structions)	_	
<u></u>				ermont.ord		1 1 10 11 (0)(1	,	102.	H(c) Group	exemption ni	ımher \$	-		
K		f organization	X Corpora		Association	Other ►	Ly	ear of Formal					icile VT	
	ırt I	Summa		adon 1 1 must	7.33001811011	Other	<u> </u>	car or r orma	.011_1_20	<u> </u>	Jiale O	legal com	CHE VI	
				nanization's mi	ssion or most s	ignificant activitie	s: To	initi	ate. s	timula	te.	and	assis	+
•						reserve and					<u></u>			
ũ						tural, cult					sou	ces.		. – – –
Ĕ	-													· — — —
ove	2 0	Check this bo	× ►	if the organiza	tion discontinue	ed its operations	or dispos	sed of mo	re than 2!	5% of its a	ssets			. – – –
G Q					verning body (P							16		
80	1			-		rning body (Part \	VI, line 1	lb)				16		
Activities & Governance			•	yees (Part V, I	•							5		
V CT	1			eers (estimate	• •	li line 10 eeliim	- (C)				6	28		
•	1	-			ue from Part Vi ne from Form 99	II, line 12, columi	n (C)				7a 7b			0.
<u></u>	U	vet uniferateu	Dusiness	s taxable incom	le Holli Follii 9	90-1, IIIJE 34			1 _					
B		Santuibi itiana	and aven	sta (Bast VIIII III	no 1h)					rior Year			urrent Ye	
	8 C	Program con	and gran	nts (Part VIII, II	ne m)	17.2			—	2,052,2 29,5			1,767,	, 733. , 660.
	10	nvestment in	nce reveri	art VIII. column	ine-29) (A), lines-3,-4	200-761-C)				126,9				,848.
CHANNEN OF						9c, 10c, and 11e	-)		<u> </u>	42,5				,743.
						Part[VIII, column		e 12)		2,251,3			1,852	
2 11), lines 1-3)	(. 7)	- '-/		L,594,2			1,413	
5					t IX, column_(A)				<u> </u>				-,	, , , , ,
>	15 9					artix, column (A) lines 5	5-10)		306,6	587.		285	,558.
၁ စ္မ	162 5				(, column (A), I		,,	,		19,8				,407.
Expenses	100						12	0 500	— —		<i></i>			107.
ŠÃ	D 1				column (D), line		13	0,590.						
	1	•	•	• • •	, lines 11a-11d,	•			ļ	227,8				<u>, 615.</u>
	1	•		•	•	, column (A), line	25)			2,148,6			1,922	
_		Revenue less	expense	s Subtract line	e 18 from line 1	2			<u> </u>	102,	/34.		-69	<u>,521.</u>
Not Assets or Fund Balancos										nning of Y			nd of Ye	
Bala	20 T	Total assets	•	•						3,561,4		;	3,407	
A P	21 7	Total liabilitie	s (Part X	, line 26)					<u> </u>	37,	758.		18	<u>,000.</u>
		+			t line 21 from li	ne 20				3,523,	738 <u>.</u>	<u> </u>	3,389	<u>,014.</u>
Pa	art II	Signati	ure Blo	<u>ck</u>										
		Under penaltie	es of periody,	I declare that I have	e examined this return	rn, including accompai	nying scheo	dules and sta	tements, and	to the best	of my kr	nowledge a	and belief,	ıt ıs
				1//	-					_				
Sig	gn		10							7-1		2010	<u></u>	
He	ere	Signature	of officer						Da	ate				
		· /——	Bruhn	- 1 II					Exec	utive	Dire	ctor		
		Type or pr	rint name an	o title			1 -							
D-	:			_	_		Da	ate		heck if elf		reparer s i see instruc	dentifying (number
Pa Pr		Preparer's		V/ 10	C_{I}	1		_		mployed P				
	e- rer's	signature	<u> </u>	Malla	6 /V.	/apiasc	en B	Jug. 13.	2010					
Us		Firm's name (o	-		PIA PC	· /								
Or		employed), address, and		BOX 5777					E	IN ►				
	·	ZIP + 4		LINGTON		VT	05402	2	P	hone no	(80		<u> 3-637</u>	10
Ma	y the IR	RS discuss th	is return	with the prepai	er shown above	e? (see instructio	ns)					X Y	res	No
D 4	A													

	990 (2008) Preservation Trust of Vermont, Inc.	03-028119	5		Page 2
Par					
1	,				
	To initiate, stimulate, and assist local and statewide				
	efforts to preserve and use Vermont's rich collection of historic, architectural, cultural, and community resources.				
	miscorie, architecturar, curturar, and community resources.				
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es ²	Yes	X	No
_	If 'Yes,' describe these changes on Schedule O	_			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	y expenses. See	ction 5 ners. th	01(c)(ne tota	(3) al
	expenses, and revenue, if any, for each program service reported		, -		
4a	(Code) (Expenses \$ 1,014,849. including grants of \$ 834,126.) (Re	evenue \$			0.)
	"Preservation Grants" - In partnership with several major foundati				
	Organization distributed direct support to over 40 individuals and		tion	<u>s</u>	
	in support of restoration and rehabilitation projects throughout V	<u>'ermont.</u>			
41	O(Code) (Expenses \$ 465,339. including grants of \$ 382,635.) (Reconstruction of Williage Revitalization Initiative" - With funding from the U.S. Department of Housing and Urban Development, the Organization has funded major revitalization projects in a number of Vermont communication.	nities.		 	<u>0.</u>)
			:		
40	(Code) (Expenses \$ 240,050. Including grants of \$ 197,166.) (Ref. The Organization's other activities include a variety of educational, direct financial assistance programs focusing on a wide range of printhe state.	technical	supp	ort	, and
					-
			-		
40	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4</u> €	e Total program service expenses ► \$ 1,720,238. (Must equal Part IX, Line 25, column (B))			

Page 3 **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where 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 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; 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 Х X Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If 'Yes,' complete Schedule F, Part I* 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 17 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III X 19 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 Schedule J Х 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х

27

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

Part IV - Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		+ 4,	
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	,	X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	-	_x
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
BA/	1	Form	990	(2008)

Form 990 (2008) Preservation Trust of Vermont, Inc.	03-0281195		Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
Ta Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 10		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1		
c Did the organization comply with backup withholding rules for reportable payments to vendors a (gambling) winnings to prize winners?	and reportable gaming	x	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 5		
2b If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns? 2	x	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	(see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year of this return?	covered by		x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	31	,	
4a At any time during the calendar year, did the organization have an interest in, or a signature or financial account in a foreign country (such as a bank account, securities account, or other financial account.)	other authority over, a	1	х
b 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 For Financial Accounts	reign Bank and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	rear? 5	a	x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction? 5	5	Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Prohibited Tax Shelter Transaction?	Entity Regarding 5	;	
6a Did the organization solicit any contributions that were not tax deductible?	6	3	х
b If 'Yes,' did the organization include with every solicitation an express statement that such confideductible?	tributions or gifts were not		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any guid pro guo contribution of	more than \$75?	a X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whice Form 8282?	th it was required to file	5	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums benefit contract?	on a personal	е	х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	t contract? 7	<u> </u>	Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as rec	quired? 7	g N	/A
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	· -	h N	/A
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a sponsori excess business holdings at any time during the year?			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		 N	/ <u>A</u>
a Did the organization make any taxable distributions under section 4966?	9	N	A
b Did the organization make any distribution to a donor, donor advisor, or related person?	9	+ -	/A
10 Section 501(c)(7) organizations. Enter		- N	/A.
1777	10a		
	10b		
11 Section 501(c)(12) organizations. Enter	<u>'</u>		
	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against	11 6		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		a	
1	12b		
BAA	For	m 990	(2008)

Form 990 (2008) Preservation Trust of Vermont, Inc.

[Part VI - Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

_	tion A.	Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, on the standard of the sta	describe the circumstances,		Yes	No
1	a Enter the	number of voting members of the governing body	1a 16			· '.
1	b Enter the	number of voting members that are independent	1b 16			., , 3
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee?	lationship with any other	2		Х_
3	Did the o	rganization delegate control over management duties customarily performed by or us, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		x
4		rganization make any significant changes to its organizational documents prior Form 990 was filed?		4		<u>X</u>
5		rganization become aware during the year of a material diversion of the organization	n's assets?	5		X
		organization have members or stockholders?	13 4000107	6		X
7	a Does the governin	organization have members, stockholders, or other persons who may elect one or $\mathfrak{r}_{\mathfrak{g}}$ body?	nore members of the	7a		<u>x</u> _
	b Are any	decisions of the governing body subject to approval by members, stockholders, or of	her persons?	7 b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ring:	rtaken during the year by	, ,		
	a The gove	rning body?		8a	_X_	
	b Each cor	nmittee with authority to act on behalf of the governing body?		_8b	Х	
9	a Does the	organization have local chapters, branches, or affiliates?		9a		<u>X</u>
	b If 'Yes,' (and bran	foes the organization have written policies and procedures governing the activities of the organization?	f such chapters, affiliates,	9b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990	l? All organizations must	10	х	
11	ls there a organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		<u>x</u>
Se	ction B.	Policies				
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Yes X	No
	b Are offic to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12b	х	
	c Does the <i>Schedul</i> e	organization regularly and consistently monitor and enforce compliance with the po	Jucy2 If 'Vas ' describe in		1	
13	D 11-	C NOW this is done	mcy. II Tes, describe III	12c	Х	
	Does the	organization have a written whistleblower policy?	mcy. II Tes, describe III	12c	Х	
14	Does the	organization have a written whistleblower policy? organization have a written document retention and destruction policy?		_		
14 15	Does the	organization have a written whistleblower policy?		13 14	X	,
15	Does the Did the p persons, a The orga	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official?		13 14 15a	X X	
15	Does the point of the persons, a The organic bother of	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? Indeed to the organization?		13 14	X X	<u>x</u>
15	Does the Did the p persons, a The orga b Other of Describe	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? Indeed the process in Schedule O (see instructions)	approval by independent cision	13 14 15a	X X	-
15	Does the persons, a The orga b Other of Describe a Did the dentity du	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? Indeed the process in Schedule O (see instructions) Organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	approval by independent cision arrangement with a taxable	13 14 15a	X X	X X
15	Does the Did the persons, a The orga b Other of Describe a Did the centity dub if 'Yes,' in joint v	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? Incers of key employees of the organization? In the process in Schedule O (see instructions) Integralization invest in, contribute assets to, or participate in a joint venture or similar ring the year? In the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	approval by independent cision arrangement with a taxable	13 14 15a 15b	X	**
15	Does the Did the persons, a The orga b Other of Describe a Did the centity dub If 'Yes,' in joint vistatus w	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? Indeed of the organization? Indeed of the organization of the deliberation and de nization's the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar ring the year? In the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	approval by independent cision arrangement with a taxable	13 14 15a 15b	X	.э Х
15 16	Does the Did the persons, a The orgate b Other of Describe a Did the centity dute b If 'Yes,' in joint wastatus wection C.	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? Independent of the organization? Interprocess in Schedule O (see instructions) Interpr	approval by independent cision arrangement with a taxable	13 14 15a 15b	X	.э Х
15 16 Sec 17	Does the Did the persons, a The orga b Other of Describe a Did the centity du b if 'Yes,' in joint vistatus w ction C. List the Section	organization have a written whistleblower policy? organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? Indeed of the organization? Indeed of the organization of the deliberation and de nization's the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar ring the year? In the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	approval by independent cision arrangement with a taxable to evaluate its participation the organization's exempt	13 14 15a 15b 16a	x	X
15 16 Sec 17	Does the Did the persons, a The orga b Other of Describe a Did the centity du b if 'Yes,' in joint we ction C. List the Section inspection	organization have a written whistleblower policy? organization have a written document retention and destruction policy? orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? incers of key employees of the organization? the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar ring the year? The process in Schedule O written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed Vermont 1004 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	approval by independent cision arrangement with a taxable to evaluate its participation the organization's exempt	13 14 15a 15b 16a	x	X
15 16 17 18	Does the Did the persons, a The orga b Other of Describe a Did the centity du b If 'Yes,' in joint vistatus with the Esction C. List the Esction inspection X Own Describe statements	organization have a written whistleblower policy? organization have a written document retention and destruction policy? orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? incers of key employees of the organization? the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar ring the year? The process in Schedule A written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed Vermont States with which a copy of this Form 990 is required to be filed Permont Another's website Another's website X Upon request In Schedule O whether (and if so, how) the organization makes its governing documents available to the public	approval by independent cision arrangement with a taxable in to evaluate its participation the organization's exempt ind 990-T (501(c)(3)s only) available in the organization of interest police.	13 14 15a 15b 16a 16b	X X	X
15 16 17 18	Does the Did the persons, a The orga b Other of Describe a Did the centity du b If 'Yes,' in joint vistatus wiction C. List the Section inspection Describe statemer State the	organization have a written whistleblower policy? organization have a written document retention and destruction policy? orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? organization's cere of key employees of the organization? The process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar ring the year? The process in Schedule A written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed Vermont States with which a copy of this Form 990 is required to be filed Permont Another's website Another's website X Upon request in Schedule O whether (and if so, how) the organization makes its governing documents available to the public to name, physical address, and telephone number of the person who possesses the leading to the public to t	approval by independent cision arrangement with a taxable of the organization's exempt and 990-T (501(c)(3)s only) available of the organization of the organization's exempt and 990-T (501(c)(3)s only) available of the organization of the organi	13 14 15a 15b 16a 16b	X X X e for p	X
15 16 Sec 17 18	Does the Did the persons, a The orga b Other of Describe a Did the centity du b If 'Yes,' in joint vistatus wiction C. List the Section inspection Describe statemer State the	organization have a written whistleblower policy? organization have a written document retention and destruction policy? orocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de nization's CEO, Executive Director, or top management official? organization's cere of key employees of the organization? The process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar ring the year? The process in Schedule A written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed Vermont States with which a copy of this Form 990 is required to be filed Permont Another's website Another's website X Upon request in Schedule O whether (and if so, how) the organization makes its governing documents available to the public to name, physical address, and telephone number of the person who possesses the leading to the public to t	approval by independent cision arrangement with a taxable of the organization's exempt and 990-T (501(c)(3)s only) available of the organization of the organization's exempt and 990-T (501(c)(3)s only) available of the organization of the organi	13 14 15a 15b 16a 16b	X X	X

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Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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

Co	Check this box if the organization did no	ot compens	sate a	ny o	ffice	er, d	irector	r, tru	istee, or key employee	•		
Paul Bruhn	(A) (B) (c) (D) (E)											
Paul Bruhn Exec. Director 40.00 X X 92,100. 0. 12,046.	Name and Title	hours		tion (k all t	hat appl	.—	Reportable	Reportable	Estimated	
Exec. Director		per week	adivict ਕੇ frustee or director	mshtubosel trustee	Officer	Key employee	High est commensated employee	FOLDER	the organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related	
Henry Jordan President 3.00 x x x 0. 0. 0. 0.	Paul Bruhn											
President	Exec. Director	40.00			Х				92,100.	0.	12,046.	
Emily Wadhams	Henry Jordan	,										
Emily Wadhams	President	3.00	х		Х				0.	0.	0.	
Michael Newbold 3.00 X X X 0. 0. 0. Judy Hayward 3.00 X X 0. 0. 0. 0. Secretary 3.00 X X 0. 0. 0. 0. Fred Bay 0. 0. 0. 0. 0. 0. Peter Brink 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td>Emily Wadhams</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td>	Emily Wadhams										· · · · · · · · · · · · · · · · · · ·	
Michael Newbold 3.00 X X X 0. 0. 0. Judy Hayward 3.00 X X 0. 0. 0. 0. Secretary 3.00 X X 0. 0. 0. 0. Fred Bay 0. 0. 0. 0. 0. 0. Peter Brink 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td>Vice-President</td> <td>3.00</td> <td>х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	Vice-President	3.00	х		Х				0.	0.	0.	
Judy Hayward Secretary 3.00 X	Michael Newbold											
Judy Hayward Secretary 3.00 X	Treasurer	3.00	х		Х				0.	0.	0.	
Secretary 3.00 X X X 0. 0. 0.	Judy Hayward											
Fred Bay 3.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		∄ 3.00	х		х				0.	0.	0.	
Peter Brink Director 3.00 X 0. 0. 0. 0.	•											
Director 3.00 X 0. 0. 0.	Director	3.00	х						0.	0.	0.	
Director 3.00 X 0. 0. 0.	Peter Brink											
Director 3.00 X	Director	3.00	х						0.	0.	0.	
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Heidi Krantz	Director	3.00	х						0.	0.	0.	
Ann Lawless 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Heidi Krantz										· · · · · · · · · · · · · · · · · · ·	
Director 3.00 X 0.	Director	3.00	х						0.	0.	0.	
Charlie Moore Director 3.00 X 0. 0. 0. Linda Ramsdell Director 3.00 X 0. 0. 0. Lisa Ryan Director 3.00 X 0. 0. 0. Gretchen Saries 0. 0. 0. 0. Director 3.00 X 0. 0. 0. Ed Stretch 0. 0. 0. 0. Nat Tripp 0. 0. 0. 0. Director 3.00 X 0. 0. 0. Paul Wyncoop 0. 0. 0. 0.	Ann Lawless											
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Lisa Ryan 0. 0. 0. 0. 0. Director 3.00 X 0. 0. 0. 0. Gretchen Saries 0. 0. 0. 0. 0. Director 3.00 X 0. 0. 0. 0. Director 3.00 X 0. 0. 0. 0. Nat Tripp 0. 0. 0. 0. 0. 0. 0. 0. Director 3.00 X 0. 0. 0. 0.	Linda Ramsdell						•					
Lisa Ryan 0. 0. 0. 0. Director 3.00 X 0. 0. 0. Gretchen Saries 0. 0. 0. 0. Director 3.00 X 0. 0. 0. Director 3.00 X 0. 0. 0. Nat Tripp 0. 0. 0. 0. 0. 0. Director 3.00 X 0. 0. 0. Paul Wyncoop 0. 0. 0. 0. 0. 0. 0.	Director	3.00	х						0.	0.	0.	
Gretchen Saries 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Lisa Ryan											
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Paul Wyncoop	Nat Tripp]										
		3.00	Х						0.	0.	0.	
	Paul Wyncoop											
		3.00	Х				<u> </u>		0.	0.	0.	

TEEA0107 04/24/09

compensation from the organization >

•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
6	1a Federated campaigns 1a		10701140		"E)
ž Š	b Membership dues 1b				
850	' 				٠,٠
Z, Š	ÿ 		:		
ㅎ칠	d Related organizations 1d				Pr 1 3
ŠŠ	e Government grants (contributions) 1e 461,735.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,303,052.				200
ξě	g Noncash contribus included in lns 1a-1f \$ 128,880.				
용론	h Total. Add lines 1a-1f	1,767,735.			
IUE	Business Code				5 4/a 5 4/2
VEN	2a Conference & Retreat Fees 611600	10,660.	10,660.	0.	0.
æ	b Management Fees 561000	15,000.	15,000.	0.	0.
)CE	с				
ER	d				
×	e				
GR/	f All other program service revenue				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	25,660.			
	3 Investment income (including dividends, interest and	20,000.			
	other similar amounts)	62,916.	0.	0.	62,916.
	4 Income from investment of tax-exempt bond proceeds	·			*
	5 Royalties				
	(i) Real (ii) Personal				3 8131
	6a Gross Rents				5.56
	b Less: rental expenses				12 PM
	c Rental income or (loss)				
	d Net rental income or (loss)				, ~
	(I) Securities (II) Other				:/*-
	7a Gross amount from sales of assets other than inventory 3, 004, 817.				1, %
					1, 11, 1
	b Less cost or other basis and sales expenses 3, 034, 885.				, ,
	c Gain or (loss) -30,068.				, , , , , , , , , , , , , , , , , , ,
	d Net gain or (loss)	-30,068.	0.	0.	-30,068.
	, , ,	-30,000.	0.	<u> </u>	-30,000.
10E	8a Gross income from fundraising events (not including \$ 2,948.			II.	***
Ä	of contributions reported on line 1c)		1		رير 1377 يا يا د
OTHER REVE	See Part IV, line 18 a 16, 911.				
뜊	b Less direct expenses b 9,742.		i		
5	c Net income or (loss) from fundraising events	7,169.	0.	0.	7,169.
		77203.	· · · · · · · · · · · · · · · · · · ·		7,105.
	9a Gross income from gaming activities See Part IV, line 19 a 22,000.				
	b Less direct expenses b 10,000.				
	c Net income or (loss) from gaming activities	12,000.	٥.	0.	12,000.
	· · · · · · · · · · · · · · · · · · ·	22,0001	<u> </u>		12/000.
	10a Gross sales of inventory, less returns and allowances a 1,554.	•			, , , ,
	b Less cost of goods sold b 1,561.				•
	c Net income or (loss) from sales of inventory	-7.	l .	0.	-7.
	Miscellaneous Revenue Business Code				,
	11a Reimbursed expenses 900099	4,529.	0.	0.	4,529.
	b Miscellaneous 900099	3,052.	0.	0.	3,052.
	c		, , , , , , , , , , , , , , , , , , ,		3,552.
	d All other revenue				
	e Total. Add lines 11a-11d	7,581.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,				
	10c, and 11e	1,852,986.	25,660.	0.	59,591.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do I	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
1		1,408,727.	1,408,727.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,200.	5,200.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,200.	3,200.		N ,
4	Benefits paid to or for members				Ap,
5	Compensation of current officers, directors, trustees, and key employees	105,060.	61,956.	1,759.	41,345.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	157,134.	92,133.	15,197.	49,804.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	3,301.	1,940.	213.	1,148.
10	Payroll taxes	20,063.	11,791.	1,297.	6,975.
11	Fees for services (non-employees)				
ā	Management				
t	Legal	9,115.	9,115.	0.	0.
(: Accounting	27,265.	10,671.	16,594.	0.
•	i Lobbying	9,200.	9,200.	0.	0.
•	Prof fundraising svcs See Part IV, In 17	5,407.			5,407.
f	Investment management fees	9,813.	0.	9,813.	0.
ç	J Other	8,325.	8,325.	0.	0.
12	Advertising and promotion	13,464.	13,464.	0.	0.
13	Office expenses	18,946.	6,581.	4,859.	7,506.
14	Information technology	10,170.	6,674.	1,544.	1,952.
15	Royalties				
16	Occupancy	26,842.	20,455.	1,002.	5,385.
17	Travel	35,468.	27,381.	928.	7,159.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,751.	21,365.	8,722.	1,664.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,563.	0.	6,563.	0.
23		10,693.	5,260.	3,188.	2,245.
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	<u></u>				
	? 				
	<u> </u>			··· - · -	
-	} 				
	All other expenses	1 000 507	1 720 020	71 670	120 500
	Total functional expenses Add lines 1 through 24f	1,922,507.	1,720,238.	71,679.	130,590.
26	Joint Costs. Check here ► X If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0.	0.	0.	0
BAA					0 . Form 990 (2008)

га	ILA	Dalalice Sheet					
	_,			(A) Beginning of year		(B) End of year	
	1	Cash — non-interest-bearing	<u></u>	48,187.	1	68,457.	
	2	Savings and temporary cash investments		1,304,853.	2	1,053,208.	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I	s, trustees, key employees,		5		
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))				
		and persons described in section 4958(c)(3)(B) Comp	lete Part II of Schedule L		6		
ASSETS	7	Notes and loans receivable, net	. [91,000.	7	54,250.	
Ē	8	Inventories for sale or use .			8		
S	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost basis	10a 460,545.	÷			
	b	Less accumulated depreciation Complete Part VI of				_	
		Schedule D	10b 20,713.	427,673.	10 c	439,832.	
	11	Investments — publicly-traded securities		1,459,108.	11	1,347,592.	
	12	Investments – other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11	. [13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11.		230,675.	15	443,675.	
	16	Total assets Add lines 1 through 15 (must equal line 3	34)	3,561,496.	16	3,407,014.	
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue			19		
L	20	Tax-exempt bond liabilities			20		
A	21	Escrow account liability Complete Part IV of Schedule		21			
L T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensations are compensated employees.	tees, key employees, sons Complete Part II				
į		of Schedule L			22		
Š	23	Secured mortgages and notes payable to unrelated the	rd parties		23		
	24	Unsecured notes and loans payable		34,000.	24	17,000.	
	25	Other liabilities. Complete Part X of Schedule D		3,758.	25	1,000.	
	26	Total liabilities. Add lines 17 through 25		37,758.	26	18,000.	
N E T		Organizations that follow SFAS 117, check here ▶	X and complete lines	•	:		
Ŧ		27 through 29 and lines 33 and 34.			,		
Ş	27	Unrestricted net assets		540,540.		230,989.	
ASSETS	28	Temporarily restricted net assets		1,848,014.	28	1,934,400.	
	29	Permanently restricted net assets		1,135,184.	29	1,223,625.	
R		Organizations that do not follow SFAS 117, check her	re 🕨 🔲 and complete				
F020	1	lines 30 through 34.					
Ď	30	Capital stock or trust principal, or current funds			30		
B	31	Paid-in or capital surplus, or land, building, and equip		<u></u>	31		
Ā	32	Retained earnings, endowment, accumulated income,	or other funds		32		
BALAZCEN	33	Total net assets or fund balances.		3,523,738.	33	3,389,014.	
	34	Total liabilities and net assets/fund balances		3,561,496.	34	3,407,014.	
Pa	rt X	Financial Statements and Reporting					
1	Ac	counting method used to prepare the Form 990 $\overline{\mathbf{X}}$ (Cash Accrual	Other		Yes No	
2	a We	re the organization's financial statements compiled or r	eviewed by an independent ac	countant?		2a X	
	b Were the organization's financial statements audited by an independent accountant?						
	c If " rev	Yes' to 2a or 2b, does the organization have a committed riew, or compilation of its financial statements and select	ee that assumes responsibility ction of an independent accour	for oversight of the auditant?	lıt,	2c X	
3	Au	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?	-	ts as set forth in the Si	ngle	3a X	
RΛ		Yes,' did the organization undergo the required audit or	audits?			3b	
wa.	n					Form au (1 (2008)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

			st of Vermont,							81195		
Par	t I	Reason for P	ublic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see i	nstruct	tions)	
he c				se it is: (Please check on								
1		A church, conven	ition of churches or asso	ociation of churches desc	rıbed ın	section	170(b)(1	I)(A)(i).				
2	П	A school describe	ed in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)							
3	П	A hospital or coo	perative hospital service	organization described i	ın sectio	n 170(b)(1)(A)(ii	i). (Atta	ach Sche	edule H.)	
4	П		•	d in conjunction with a ho		•					•	ıtal's
		name, city, and s	tate	•	•					` '	•	
5		An organization of		of a college or university	owned o	or opera	ted by a	govern	mental	unit desc	cribed in sec	ction
6				governmental unit describ								
7	X	An organization t in section 170(b)	hat normally receives a (1)(A)(vi). (Complete Pa	substantial part of its supart II)	pport fro	om a gov	ernmen	tal unit	or from	the gene	eral public d	lescribed
8	닏	A community trus	st described in section 1	1 70(b)(1)(A)(vi). (Complete	e Part II	.)						
9	Ц	from activities rel investment incom	ated to its exempt funct	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s omplete Part III)	exception	ons, and	l (2) no	more th	an 33-1.	/3 % of ı	ts support f	rom gross
10		An organization of	organized and operated	exclusively to test for pul	blic safe	ty See	section	509(a)(4	1). (see	ınstructı	ons)	
11		more publicly sup	ported organizations d	exclusively for the beneficescribed in section 509(a ration and complete lines	(1) or s	section 5	609(a)(2	tions of). See s	, or carr ection 5	y out the 09(a)(3)	e purposes of the check the	of one or box that
		a 🗌 Type I	b Type II	c 🗌 Type III	l — Fund	tionally	ıntegrat	ed		d 🗌	Type III-	Other
е				ganization is not controllent one or more publicly su								
f			n received a written det	ermination from the IRS t	that is a	Type I,	Type II	or Type	III supp	orting or	rganızatıon,	
g		Since August 17,	2006, has the organiza	tion accepted any gift or	contribi	ution fro	m any o	f the fo	llowing p	persons?	, -	
												Yes No
		below, the	governing body of the si		ogether	with per	sons de	scribed	ın (ıı) a	nd (III)	11 g (i)	
		· · · · · · · · · · · · · · · · · · ·	ember of a person desc								11 g (ii)	
		` '	• •	described in (i) or (ii) ab							11 g (iii)	
<u>h</u>		Provide the follow	ving information about t	he organizations the orga	I		ts .		T			
	(1	i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	ls the tion in col d in your erning ment?	(v) Did you the organ col of your su	ızatıon in (ı) of	organizati	s the on in col zed in the 3.7	(vii) Amount	of Support
					Yes	No	Yes	No	Yes	No		
					-							
					 							
						ļ						
							-					
					 	 						
Γotal			}									

Public support. Subtract line 5 from line 4							6,016,417.			
ion B. Total Support										
dar year (or fiscal year ning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total			
Amounts from line 4	1,180,813.	1,572,981.	2,277,906.	2,052,214.	1,767,7	35.	8,851,649.			
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	72,466.	86,211.	114,755.	112,837.	62 , 9	16.	449,185.			
Net income form unrelated business activities, whether or not the business is regularly carried on										
Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)										
Total support. Add lines 7 through 10							9,300,834.			
Gross receipts from related activ	ities, etc (see ins	tructions)				12	410,845.			
First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 50	01(c)(3	B) ► □			
ion C. Computation of Pu	blic Support P	ercentage								
Public support percentage for 20	08 (line 6, column	ı (f) dıvıded by lın	e 11, column (f)			14	64.69%			
Public support percentage for 20	07 Schedule A, P	art IV-A, line 26f			ļ	15	54.92%			
33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the boo	x on line 13, and ganization	the line 14 is 33-	1/3 % or mo	re, ch	eck this box			
33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a ganization	, and line 15 is 33	-1/3% or mo	ore, ch	neck this box ►			
10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this	box and stop here	. Explain in	Part I	V how			
or more, and if the organization organization meets the 'facts-and	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.									
Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a							
				Sc	nedule A (F	orm 9	90 or 990-EZ) 2008			
		TEEA0402	12/17/08							

b

18 BAA

chedule A (Form 990 or 990-EZ) 2008					03-0281195	Page 3
Part III Support Schedule for (Complete only if you check			n Section 509	(a)(2)		
ection A. Public Support	ed the box on in	ie 9 OI Fait 1)				
alendar year (or fiscal yr 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 'unusual grants ')	(-)	(3) 2300		(1) 200	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line						
7c from line 6)						
ection B. Total Support				,	· · · · · · · · · · · · · · · · · · ·	
alendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add Ins 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is organization, check this box and s	top here		d, third, fourth, c	or fifth tax year as	a section 501(c)(3)) <u> </u>
ection C. Computation of Pub						
15 Public support percentage for 200	8 (line 8, columi	n (f) divided by lin	e 13, column (f))		15	<u></u> %%_

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g **Section D. Computation of Investment Income Percentage** 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33-1/3 support 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 support tests** – **2007.** If the organization did not check a box on line 14 or 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule /	A (Form 990 o	or 990-EZ)	2008	Prese	rvatio:	n Trus	st of	Vermon	t, Inc.	03-028	1195	Page 4
Part IV	Supplem Part II, lir	ental Info	ormati	i on. Con	nplete th	nis part	to pro	vide the e	explanat	03-028 on required by F al information. (s	art II, line 10); ns)
•			, .,		,		77140 41		<u>addrii orric</u>			
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TEEA0404 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

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

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

	-	,' to Form 990, Part IV, line 5 (Proxy Tax), t	hen		
	of organization	rganizations: Complete Part III.		Employer identifica	
	·			' '	
Pre	eservation Trust of	by all organizations exempt unde	r analism E01/a)	03-028119	
<u>rar</u>	See the instruction	ns for Schedule C for details.	r section 501(c) a	and Section 527 org	janizations.
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Par	To be completed See the instruction	by all organizations exempt unde ns for Schedule C for details.	r section 501(c)(3).	
1	Enter the amount of any exc	ise tax incurred by the organization under s	section 4955	▶ \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶ \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?		•		Yes No
Ł	If 'Yes,' describe in Part IV				
		by all organizations exempt unde	r section 501(c),	except section 501	(c)(3).
	See the instruction	ns for Schedule C for details.	• • • • • • • • • • • • • • • • • • • •	•	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities > \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sect	tion 527 exempt ►\$	
3	Total of direct and indirect ex Form 1120-POL, line 17b	xempt function expenditures Add lines 1 a	nd 2 and enter here a	and on ► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	made Enter the amount paid received and promotly and d	and employer identification number (EIN) of and indicate if the amount was paid from irectly delivered to a separate political orga al space is needed, provide information in	the filing organization	n's funds or were politic	al contributions
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008	Preservation	Trust of Vermo	nt, Inc.	03-0281	195 Page 2
Part II-A To be compl	eted by organiza	tions exempt under	section 501(c)(3)	that filed Form 5768	
		e instructions for Sc	nedule C for detail	S	
		gs to an affiliated group. ed_box A and 'limited cor	atrol' provisions apply		
	Limits on Lobbying		· · · · · · · · · · · · · · · · · · ·	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	c opinion (grass roots lob	obvina)	0.	
b Total lobbying expenditu	•		,	9,200.	
c Total lobbying expenditu	res (add lines 1a and	l 1b)	,	9,200.	
d Other exempt purpose e	xpenditures		•	1,898,087.	
e Total exempt purpose ex	kpenditures (add lines	1,907,287.			
f Lobbying nontaxable am both columns.	ount. Enter the amou	int from the following tab	le in	245,364.	
If the amount on line 1e, colu	ımn (a) or (b) ıs Th	e lobbying nontaxable a	mount is.		Y 1/50
Not over \$500,000	209	% of the amount on line 1e			1 (2)
Over \$500,000 but not over \$1,	000,000 \$10	0,000 plus 15% of the excess o	ver \$500,000		, ,
Over \$1,000,000 but not over \$	1,500,000 \$17	5,000 plus 10% of the excess o	ver \$1,000,000.		र्वे विदेश
Over \$1,500,000 but not over \$	17,000,000 \$22	5,000 plus 5% of the excess ov	er \$1,500,000		Frait
Over \$17,000,000	\$1,0	000,000.			<u> </u>
g Grassroots nontaxable a	•	•		61,341.	
h Subtract line 1g from lin		-		0.	
i Subtract line 1f from line	e 1c Enter -0- if line t	f is more than line c		0.	
j If there is an amount oth section 4911 tax for this	ner than zero on eithe year?	r line 1h or line 1i, did th	e organization file Forr	n 4720 reporting	Yes No
(Som	e organizations that i	Year Averaging Period U made a section 501(h) el below. See the instruction	ection do not have to c	omplete all of the five h 2f.)	
	Lobbyi	ng Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	234,110	. 258,253.	255,870.	245,364.	993,597.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,490,396.
c Total lobbying expenditures	7,500	. 13,904.	14,125.	9,200.	44,729.
d Grassroots non-taxable amount	58,528	. 64,563.	63,968.	61,341.	248,400.
e Grassroots ceiling amount (150% of line 2d, column (e))					372,600.
f Grassroots lobbying expenditures	0	0.	0.	0.	0.
BAA				Schedule C (Form	990 or 990-EZ) 2008

	(a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local			
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		İ	to the
a Volunteers?			•
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			. **
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			-· · · · · · · · · · · · · · · · · · ·
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total lines 1c through 1i		L	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			- 3 mm
b If 'Yes,' enter the amount of any tax incurred under section 4912	1 1	L	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	1 1	L	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(4).			(riki
501(c)(6). See the instructions for Schedule C for details.			Yes N
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
	ion 50	1(c)(5	i), or section ion 3 is
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part	III-A, c	quest	.0 0 .5
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details.	III-A,	·····	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part	ill-A, d	quest	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ill-A, d	1	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	III-A, d	·····	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	III-A, d	1	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	III-A, c	1 2a	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	III-A, o	1 2a 2b	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	s III-A, c	1 2a 2b 2c	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures.	s III-A, c	1 2a 2b 2c 3	
Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceduses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year?	s III-A, c	1 2a 2b 2c 3	

Schedule C (Form 990 or 990-EZ) 2008 Preservation Trust of Vermont, Inc.	03-0281195	Page 4
Part IV	Form 990 or 990-EZ) 2008 Preservation Trust of Vermont, Inc. Supplemental Information (continued)		
•			
			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number Preservation Trust of Vermont, Inc. 03-0281195 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) X Preservation of an historically important land area X Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a 56 a Total number of conservation easements **2b** 279.6 b Total acreage restricted by conservation easements 2c|18 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d|3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 336 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990. Part IV. line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 Prese						03-028			Page 2
Part III Organizations Maintai	ining Collec	tions	of Art, Histo	orical	Treasures, or	Other Similar As	sets (co	ntınu	ed)
Using the organization's accession that apply):	n and other red	cords,	check any of the	e follov	ving that are a sig	gnificant use of its coll	ection ite	ms (ch	eck all
a Public exhibition			d Loan o	or exch	ange programs				
b Scholarly research			e Other		3 1 3				
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV.		ctions a	and explain how	they f	urther the organiz	zation's exempt purpo	se in		
5 During the year, did the organizar assets to be sold to raise funds ra	ather than to be	e main	tained as part o	of the o	rganization's coll	ection?	Yes		No_
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arra an amount	ngen on Fo	nents Comple rm 990, Part	ete if t X, Iı	organization a ne 21.	answered 'Yes' to	Form 9	90, P	art
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or oth	er intermediary	for cor	ntributions or othe	er assets not	Yes	[No
b If 'Yes,' explain the arrangement	in Part XIV and	d comp	olete the following	ng tabl	e:				
							Amoun		
c Beginning balance						1 c			
d Additions during the year						1 d		_	
e Distributions during the year						1 e	_		
f Ending balance						1f			
2a Did the organization include an a	mount on Form	990, 1	Part X, line 21?				Yes		No
b If 'Yes,' explain the arrangement							_	_	_
Part V Endowment Funds Cor		anıza	ation answere	ed 'Ye	es' to Form 99	0, Part IV, line 10).		
	(a) Current y		(b) Prior year	-	(c) Two years back			our year	s back
1 a Beginning of year balance	1,114,		, , , , , , , , , , , , , , , , , , , ,						1284
b Contributions	109,								المائة ريحت تنوها
c Investment earnings or losses									712
d Grants or scholarships									/理学
Other expenditures for facilities and programs								,	
f Administrative expenses									i perior
g End of year balance	1,223,	625.							م ۱ رق
2 Provide the estimated percentage			nce held as.			· · · · · · · · · · · · · · · · · · ·			
a Board designated or quasi-endow	=		0.00%						
b Permanent endowment ►	100.00%								
	0.00%								
3a Are there endowment funds not i	n the possession	on of th	ne organization	that ar	e held and admin	istered for the	ſ	Yes	No
(i) unrelated organizations							3a(i)		Х
(ii) related organizations							3a(ii)		x
b If 'Yes' to 3a(II), are the related of	organizations lis	sted as	required on Sc	hedule	R?		3b		
4 Describe in Part XIV the intended	-		· ·				<u></u>	-	
Part VI Investments-Land, B						line 10.			
Description of investment		a) Cos	t or other basis	(b)	Cost or other asis (other)	(c) Depreciation	(d) E	Book V	alue
1a Land			12,000.					12	,000.
b Buildings			395,548.						,548.
c Leasehold improvements			·						
d Equipment	<u> </u>		2,500.		11,254.	7,582.	1	6	,172.
e Other			15,450.		23,793.	13,131.			,112.
Total. Add lines 1a-1e (Column (d) sho	ould equal Forn	ı 990,		(B), Iır		,	-		,832.
BAA						Sche	edule D (F		

Schedule D (Form 990) 2008 Preservation Trus	t of Vermont, Inc	. 03-028	1195 Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, line	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			
			
			-
Total. (Column (b) should equal Form 990 Part X, col (B) line 12)			
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion set value
		cost of end-of-year mark	act value
		· · · · · · · · · · · · · · · · · · ·	
T. I. S. J. J. J. S. J.			
Total Column (b)(should equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X,	line 15)		
	escription		(b) Book value
Interest-free loan to Preservation R		inc	443,675.
	·		· · · · · · · · · · · · · · · · · · ·
			
Tabal Caluma (b) Tabal (abouted arrival Farm 000, Book V. an	1 (D) 1 to 2 15)	▶	443 675
Total. Column (b) Total (should equal Form 990, Part X, co Part X Other Liabilities (See Form 990, Part			443,675.
(a) Description of Liability	(b) Amount	1	
Federal Income Taxes	(b) Amount	1	1 = .
Payroll tax liability	1,000.	1	
rajiori can rradiroj	27000.	1	
	· · · · · · · · · · · · · · · · · · ·	1	•
		1	
		1	
]	***
]	2,3
]	•
		-	•
Total Column (b) Total (should equal Form 990, Part X, col (B) line 25)	<u>▶ 1,000.</u>		<u> </u>

In Part XIV, 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

Schedule D (Form	990) 2008 Preservation Trust of Vermont, Inc.	03-0281195 Page 4
	nciliation of Change in Net Assets from Form 990 to Financial State	ements
	(Form 990, Part VIII,column (A), line 12)	
	es (Form 990, Part IX, column (A), line 25)	
	eficit) for the year Subtract line 2 from line 1	
	d gains (losses) on investments	
_	ices and use of facilities	
6 Investment ex		
7 Prior period a	·	
	be in Part XIV)	
	ents (net) Add lines 4-8	
· ·	• •	
	eficit) for the year per financial statements. Combine lines 3 and 9 nciliation of Revenue per Audited Financial Statements With Rever	
	e, gains, and other support per audited financial statements	1
	uded on line 1 but not on Form 990, Part VIII, line 12	
	d gains on investments 2a	
	ices and use of facilities	
	prior year grants 2c	
d Other (Descri	· · · · · · · · · · · · · · · · · · ·	<u> </u>
e Add lines 2a	through 2d	
3 Subtract line	2e from line 1	3
4 Amounts incli	uded on Form 990, Part VIII, line 12, but not on line 1:	
a Investments	expenses not included on Form 990, Part VIII, line 7b	i i
b Other (Descri	be in Part XIV)	
c Add lines 4a	and 4b	4c
5 Total revenue	Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	nciliation of Expenses per Audited Financial Statements With Expenses	enses per Return
	es and losses per audited financial statements	1
	uded on line 1 but not on Form 990, Part IX, line 25	
	ices and use of facilities 2a	
b Prior year adj		
	ed on Form 990, Part IX, line 25	
d Other (Descri		
e Add lines 2a		 •
	•	2e
3 Subtract line	1 1	3
	uded on Form 990, Part IX, line 25, but not on line 1:	
	expenses not included on Form 990, Part VIII, line 7b	
b Other (Descri	•	
c Add linès 4a		4c
	es Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5
Part XIV Supp	olemental Information	
Complete this part line 4; Part X, Part Pt II Line 5	to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. All easements are inspected annually for compl	
	easement_agreements_including, but not limited	to, the baseline
	documentation file and the prior year's stewar	dship report.
	The monitoring agent completes an Annual Prope	erty Inspection
	Report noting any violations and outlining ste	ps necessary
	for Judicial or Administrative enforcement if	so needed.
Pt II Line 9	The Organization received funds from the State	of Vermont
BAA	TEEA3304 12/23/08	Schedule D (Form 990) 2008

Fart XIV Supplemental Information (continued)		Preservation Trust of Vermont, Inc.	03-0281195 Page 5
easements. The funds received are reported as grant income, held in an investment account, and reported accordingly on the Organization's Balance Sheet. Periodic monitoring costs are expensed in the fiscal year paid. Pt V Line 4 Earnings on the following endowment funds are reserved for these purposes: -\$686,825 underwrites the Executive Director's compensation. -\$319,200 underwrites the periodic monitoring of the conversation easements of historic places in furtherence of the Organization's mission. -\$217,600 - support and grant funds to assist community efforts to preserve	Part XIV Supplement	tal Information (continued)	
in an investment account, and reported accordingly on the Organization's Balance Sheet. Periodic monitoring costs are expensed in the fiscal year paid. Pt V Line 4	, 	for the monitoring and permanent preservation	of the conservation
Sheet. Periodic monitoring costs are expensed in the fiscal year paid. Pt V Line 4		easements. The funds received are reported as	_qrant_income, held
Pt V Line 4 Earnings on the following endowment funds are reserved for these purposes: -\$686,825 underwrites the Executive Director's compensation. -\$319,200 underwrites the periodic monitoring of the conversation easements of historic places in furtherence of the Organization's mission. -\$217,600 - support and grant funds to assist community efforts to preserve		in an investment account, and reported accordingly or	the Organization's Balance
-\$686,825 underwrites the Executive Director's compensation. -\$319,200 underwrites the periodic monitoring of the conversation easements of historic places in furtherence of the Organization's mission. -\$217,600 - support and grant funds to assist community efforts to preserve		Sheet. Periodic monitoring costs are expensed	in the fiscal year paid.
-\$319,200 underwrites the periodic monitoring of the conversation easements of historic places in furtherence of the Organization's mission. -\$217,600 - support and grant funds to assist community efforts to preserve	Pt V Line 4	Earnings on the following endowment funds are re-	served for these purposes:
of historic places in furtherence of the Organization's mission. -\$217,600 - support and grant funds to assist community efforts to preserve		-\$686,825 underwrites the Executive Director'	s compensation.
-\$217,600 - support and grant funds to assist community efforts to preserve		-\$319,200 underwrites the periodic monitoring of	the conversation easements
		of historic places in furtherence of the O	rganization's mission.
and strengthen Vermont's collection of historic and cultural resources.		-\$217,600 - support and grant funds to assist com	munity efforts to preserve
		and strengthen Vermont's collection of histor	ic and cultural resources.
~			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization		-			Employer identific	ation number
Preservation Trust of Ver	mont, Inc	:.			03-028119	5
Part I Fundraising Activities.			nızatıon	answered 'Yes' to	Form 990, Part IV	, line 17.
Indicate whether the organization r Mail solicitations Email solicitations Phone solicitations					all that apply government grants rnment grants	
In-person solicitations						
2a Did the organization have written of employees listed in Form 990, Parb If 'Yes,' list the ten highest paid income.	t VII) or entity i	n connectí	on with pr	ofessional fundraising s	services?	∐Yes ∐No
compensated at least \$5,000 by th	e organization	Form 990	EZ filers a	re not required to comp	lete this table	30. 13 13 23
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custod	fundraiser ly or control butions?	(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			
		ļ <u>.</u>				
			:			
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		<u> </u>				
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	1					
	L	ı	l .			
Total			•			
List all states in which the organization licensing	ation is register	ed or licen	sed to sol	licit funds or has been r	notified it is exempt from	m registration
				 -		

		G (Form 990 or 990-EZ) 2008 Preserv			03-028		P	age 2
Par	<u>t II]</u>	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, II	ne 18, or	\$5 O	าก
		reported more than \$15,000 or 1	(a) Event #1 Silent Auction (event type)	(b) Event #2	(c) Other Events (total number)	(d) Tota (Add col.	al Even	its .
REVERUE	1	Gross receipts	15,829.				15,8	329.
Ě	2	Less. Charitable contributions	898.				8	398.
	3	Gross revenue (line 1 minus line 2)	14,931.				14,9	31.
	4	Cash prizes						
DIRECT	5	Non-cash prizes						
	6	Rent/facility costs						
EXPENSES	7	Other direct expenses	7,389.				7,3	<u> 889.</u>
Š	8 9	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 ai	•		>			389. 542.
Par	t III		ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	ported m		
REVERUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	l gamı (a) thr	ng ough
E —	1	Gross revenue			22,000.		22,0	000.
-	2	Cash prizes			10,000.		10,0	00.
D P E N S E S	3	Non-cash prizes						
Č Š T E S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%		_	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)		•		10,0	00.
	8	Net gaming income summary Combine I	ines 1 and 7 in column	<u>(d)</u> .	•		12,0	
	ls th	er the state(s) in which the organization op ie organization licensed to operate gaming o,' Explain.				9a	YES X	NO
		e any of the organization's gaming license es,' Explain.	s revoked, suspended o	or terminated during the	tax year?	10a		X
		s the organization operate gaming activitie						X
12 BAA	adm	ne organization a grantor, beneficiary or tru sinister charitable gaming?	ustee of a trust or a me TEEA3702 0		r other entity formed to Schedule G (For	12 m 990 or 9	00 57	X X

chedule G (Form 990 or 990-EZ) 2008 Preservation Trust of Vermont, Inc. 03-0281	<u>195</u>		age
2. Indicate the assessment of common columbic assessment in		YES	NO
13 Indicate the percentage of gaming activity operated in a The organization's facility 100.00%	.		
b An outside facility 13b 0.00 9 Provide the name and address of the person who prepares the organization's gaming/special events books and records:	─		
Trovide the name and address of the person who prepares the organization's gaining/special events books and records.			
Name ►William Polk	-		
Address ► 104 Church Street Burlington, VT 05401	_		
5a Does the organization have a contact with a third party from whom the organization receives gaming revenue? .	15a		Х
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			1
c If 'Yes,' enter name and address.			
Name· •	-		1
Address ►			
Address F	-		
6 Gaming manager information			
Name. ► Paul Bruhn	-		
Gaming manager compensation ► \$,	
Description of services provided General Oversight and Management	-		
X Director/officer Employee Independent contractor			
7 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		x
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 > \$ 12,000.	l '		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

Employer identification number 03-0281195 **≗** □

X Yes

Part I General Information on Grants and Assistance Trust of Vermont, Inc. Preservation

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form

rait iv alla ocheane it i (roilli 990) il additional space is fleeded	1 000 II add	illollal space is il	neenen				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adamant Community Club Martin Road Adamant VT 05640	03-0290603		5,805.				Preservation
Adamant Co-Operative Inc- 1313 Haggert Road Adamant VT 05640	0686600-80		25,110.				Preservation
Bethel Lympus Church 31 Dart Hill Road Bethel VT 05032	03-6025729	501 (c) 3	6,500.				Preservation
Bradford Public Library P.O. Box 619 Bradford VT 05033	03-0181210	501 (c) 3	75,000.				Preservation
Catamount_Arts	03-0276780	501 (c) 3	50,000.				Preservation
Fairbanks Museum & Planet 1302 Main Street St Johnsbury VT 05819	03-0184732	501(c)3	22,340.				Preservation
Fairlee, Town of Main Street Fairlee VT 05045	03-6000474	Municipality	8,553.				Preservation
Fr of Ferrisburgh for Res 1168 Four Winds Rd Ferrisburgh VT 05473	61-1600052		5,800.				Village Sprawl
2 Enter total number of section 501(c)(3) and covernment organizations	3) and government o	raspirations				•	٢

2 Enter total number of section 501(c)(3) and government organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

TEEA3901 12/19/08

Schedule I (Form 990) 2008

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

OMB No 1545-0047

Employer identification number 03-0281195

Preservation Trust of Vermont, Inc. Department of the Treasury Internal Revenue Service Name of the organization

限部的 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	nd Other Assistan	ice to Governments	and Organization	s in the U.S. (Sche	Jule I (Form 990	 D) Part II.) 	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orleans County Historical 109 Old Stone House Road Brownington VT 05860	7670103-60	۶(۵) ۲۵۲	25.000				00000
Pawlett Historical Societ P.O. Box 113							
Pawlet, Town of	C2C*TC1-C2	C (C) TOC	10,014				<u> rreservation</u>
	03-6000620	Municipality	75,000.				Preservation
Pierce Hall Community Cen P.O. Box 36 Rochester VT 05767	03-0371284	501(c)3	150.000				Dreservation
Preservation Realty Holdi							
Burlington VT 05401	03-0356606	501(c)2	8,400.				Preservation
Putney Books 133 Main Putney VT 05346	N/A		23,592.				Village Store
Putney Historical Society P.O. Box 233 Putney VT 05346	03-0301185	501(c)3	29,515.				Village Store
Columbus Smith Estate Tru Columbus Smith Road Salisbury VT 05769	30-0186171		24,470.				Preservation
Y_Co_Op hram_Road v_VT_05738	26-4026343		58,175,				Preservation
10n 501 (c)	3) and dovernment ord	i i i i i i i i i i i i i i i i i i i		-		•	г С

Enter total number of Section 501(c)(3) and government organizations Enter total number of other organizations

N 6

SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545 0047

2008

Open to Public Inspection

Internal Revenue Service							IIIspection
Name of the organization						Employer identification number	n number
Preservation Trust of Vermont,	nont, Inc.					03-0281195	
	nd Other Assistan	ce to Governments	and Organizations	in the U.S. (Sched	ule I (Form 990)), Part II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orleans County Historical 109 Old Stone House Road Brownington VT 05860	03-6010727	501 (c) 3	35,000.				Preservation
Pawlett Historical Societ P.O. Box 113 Pawlet VT 05761	23-7314323	501 (c) 3	18,074.				Preservation
Pawlet Town of P.O. Box 128 Pawlet VT 05761	03-6000620	Municipality	75,000.				Preservation
Pierce Hall Community Cen P.O. Box 36 Rochester VT 05767	03-0371284	501 (c) 3	150,000.				Preservation
Preservation Realty Holdi 104 Church Street Burlington VT 05401	03-0356606	501 (c) 2	8,400.				Preservation
Putney Books 133 Main Putney VT 05346			23,592.				Village Store
Putney Historical Society P.O. Box 233 Putney VT 05346	03-0301185	501 (c) 3	29,515.				Village Store
Columbus Smith Estate Tru Columbus Smith Road Salisbury VT 05769	30-0186171		24,470.				Preservation
Shrewsbury_Co-Op2658_Northram_RoadShrewsbury_VT_05738	26-4026343		58,175.			·	Preservation

² Enter total number of Section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Open to Public Inspection

2008

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

Continuation Sheet for Schedule I (Form 990)

Internal Revenue Service							liopodelli
Name of the organization						Employer identification number	n number
Preservation Trust of Vermont, Inc.	ont, Inc.					03-0281195	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	nd Other Assistan	ce to Governments	and Organizations	in the U.S. (Sched	ule I (Form 990), Part II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Mary Star of the Sea _ 191 Clermont Terrace _ Newport VT 05855	03-0181206	501 (c) 3	40,000.				Preservation
urc_ 	03-6008539	501 (c) 3	22,500.				Preservation
<u>Stephen A. Douglas Birthp</u> <u>P.O. Box 267</u> Brandon VT 05733	57-1192082	501 (c) 3	19,500.				Preservation
United Fed Church of Will P.O. Box 438 Williamstown VT 05679	03-0219144	501 (c) 3	30,000.				Preservation
Carving Studio & Sculptur P.O. Box 495 West Rutland VT 05777	03-0325486	501 (c) 3	68,867.				Preservation
Vermont Natural Resource 9 Bailey Avenue Montpelier VT 05602	03-0223731	501 (c) 3	15,075.				Village Sprawl
Warren Town of 43 Cemetery Road	03-6000734	Municipality	10,000.				Village Sprawl
Weston Community Associat P.O. Box 126 Weston VT 05161	03-6007735	501 (c) 3	25,000.				Preservation
Windham Housing Trust 68 Birge Street Brattleboro VT 05301	22-2878487	501 (c) 3	35,000.				Preservation
2 Enter total number of Section 501(c)(3) and government organizations3 Enter total number of other organizations	(3) and government or nons	ganizations					0

Enter total number of Section 501(c)(3) and government organizations 3 8

Enter total number of other organizations

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

OMB No 1545-0047

Open to Public Inspection

Preservation Preservation (h) Purpose of grant or assistance Employer identification number (g) Description of non-cash assistance 03-0281195 Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (c) IRC Code section if applicable grant 8,344. 38,860. Municipality 501(c)3Enter total number of Section 501(c)(3) and government organizations 03-0372349 03-0229677 Inc. (**b**) EIN Preservation Trust of Vermont, Enter total number of other organizations (a) Name and address of organization or government 20 Worcester Village Road Worcester VT 05682 Worcester, Vt_Historical P.O. Box 329 Worcester VT 05682 Worcester, Town of 1 1 Name of the organization 1 ~

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

TEEA4001 12/17/08

Schedule I-1 (Form 990) 2008

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information in compliance with the grant agreement and restrictions. Field service representatives 03-0281195 Grantees provide written documentation on the use of the funds expended (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance inspect and monitor projects for related compliance. 3,750. 1,450. (c) Amount of cash grant Preservation Trust of Vermont, Inc. ω 4 (b) Number of recipients Barn Preservation & Restoration (a) Type of grant or assistance General Preservation Schedule I (Form 990) 2008 Pt_I Line 2 Pt_I_Line_2 Pt_I_Line_2 Part III

Schedule I (Form 990) 2008

₩

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Transactions with Interested Persons**

➤ Attach to Form 990 or Form 990-EZ.
➤ To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization						Em	ployer i	dentifica	tion nu	mber		
Preservation Trust of Vermont	, Inc	·				03	-028	3119	5			
Part I Excess Benefit Transactions To be completed by organizations the	s (sect	ion 501 ered 'Yes	(c)(3) a	and section 990, Part IV,	501(c)(line 25a o	4) organıza r 25b, or Forn	ations n 990-	only EZ, Pa	/). rt V, lı	ne 401	b	
1 (a) Name of disqualified person		ļ			(h) Doscriptio	n of transaction					(c) Corr	ected?
1 (a) Name of disqualified person				· · · · · · · · · · · · · · · · · · ·							Yes	No
2 Enter the amount of tax imposed on the or section 4958	ganızatı	on mana	gers or d	squalified per	sons durir	ng the year ur	nder	▶ \$				
3 Enter the amount of tax, if any, on line 2,				organization				▶ \$				
To be completed by organiza Part V, line 38a.	itions 1	that an	swered		·							
(a) Name of interested person and purpose	(b) Loan the orga	to or from	princ	Original ipal amount	(d) B	alance due	(e) in (default?		oroved ard or littee?	(g) W agree	ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
	 						1	 	<u> </u>	├─-		
				····			1	 	<u></u>	\vdash		_
	<u> </u>	<u> </u>	<u></u>		<u></u>		<u> </u>			<u> </u>		
Total		· ·		▶ \$								
Part III ☐ Grants or Assistance Benefi To be completed by organiza	tions	that an	swered	Yes' on Fo	rm 990	, Part IV, Iı	ne 2	7.			_	
(a) Name of interested person	(b) Relation:	ship betweer the orgai	n interested person nization	and	(c) A	mount o	f grant o	r type o	f assista	ence	
											_	
	-								-			
												
												
Part IV Business Transactions Invo	lving I	nteres	ted Pers	sons. 'Yes' on Fo	rm 990	, Part IV, Iı	ne 28	Ba, 2	8b, o	r 280	 :.	
(a) Name of interested person	(b) R intere	elationship sted persor organizati	n and the	(c) Amou transaction		(d) Des	scription	of trans	action	· -	organiz	aring of zation's nues?
	ļ <u>.</u>										Yes	No
See Below	See	Belo	<u>w</u>	$\frac{1}{1}$	5,000.	Mgmt Fee Inc						<u>X</u>
George Heller	Diza	ator				Vation Realt				(PRH)	-	X
Judy Hayward	Dire	etary				Director Ass't Tr				PRH		X
Paul Bruhn	l —		irector			Presider				* 1/11	-	X

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

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. Inspection

Preservation Trust of Vermont, Inc. 03-0281195 Part I Types of Property (a) (b) (d) (c) Check if Number of Revenues reported Method of determining on Form 990, Part VIII, line 1g applicable Contributions revenues Art-Works of art 2 Art-Historical treasures Art-Fractional interests Books and publications Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded Х 6 128,880. avg daily high/low 10 Securities-Closely held stock 11 Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution (historic structures) 5 14 Qualified conservation contribution (other) 0. 15 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other 18 Collectibles Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (26 27 28 Other ▶ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0. No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30 a purposes for the entire holding period? X b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32a Х noncash contributions? b If 'Yes,' describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) 2008

Schedule N	M (Form 990) 2008	Preservation T	rust of Ver	rmont, Inc.		03-0281195	Page 2
Part II	Supplemental Ir	nformation. Comple mplete this part for	te this part to	provide the inf	ormation required	by Part I, lines 30b	, 32b,
Pt I L	ine_32b	All_publicly_t	raded_stocl	gifts are	transferred in	nto	
		the Organizati	on's broke	cage_account	sold_at_the		
		earliest conve	nience, and	d_disbursed_	for transfer	into	. – – –
		the Organizati	on's operat	ing account	•		
							
							. – – –
							. _
							-
		-					
				-			
<u> </u>							· -
							
			- -				
							 _

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Preservation Trus	st of Vermont, Inc.	03-0281195
Pt_VI-A, Line_10	A copy of the annual Tax Return was made availa	ble_to_all
	Board members prior to its submission.	
		
Pt_VI-B, Line 120	All Directors, Officers, Board and Committee Me	embers are required
	to read the Organization's Conflict of Interest	Policy and
	_disclose_any_real_or_potential_conflicts_annual	ly. Any disclosure
	_is_investigated_by_an_indepedent_Board/Committe	ee member
	and steps are established to resolve or avoid a	iny_actual_or
	potential conflict.	
Pt_VI-B, Line_15	All salary levels are determined by the Board of	of Directors
	_in_Executive_Session_annually	
Pt VI-C, Line 19	The Organization makes the current and preceding	ng two years
	of its annual tax returns available for public	
	website. The Organization also makes all organ	izational
	documents including Form 1023, governing docume	
	annual tax returns available for public inspect	ion upon request.
	The Organization's financial statements are rev	
	Finance Committee.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection Employer identification number

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

(F)
Direct controlling
entity (F)
Direct controlling
entity N/A 03-0281195 (E)
Public charity status (if section 501 (c)(3)) (End-of-year assets N/A (**D)** Exempt Code section (**D)** Total income 501(c)2 (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) Historic Properties VT Preservation Realty Holdings, Inc 03-0356606 Preservation of (B) Primary activity (B) Primary activity Part II Identification of Related Tax-Exempt Organizations 104 Church Street, Burlington VT 05401 (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Part I | Identification of Disregarded Entities Preservation Trust of Vermont, Inc. 1 ١ 1 Schedule R (Form 990) (2008)

TEEA5001 12/23/08

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

Schedule R (Form 990) 2008 Preservation Trust of Vermont, Inc.

Part III Identification of Related Organizations Taxable as	of Related Organ	nizations	Taxable as a P	a Partnership						,	
(A) Name, address, and EIN of related organization	(B) Primary Act	(C) Legal domicile (state or	ivity (C) (D) Legal Direct domicile controlling entity foreign	(E) Predominant income (related, investment,	(F) Share of total income	Share of total income Share of end-of-year assets	(H) Disproportionate allocations?	or- Code V-UBI amount in Box strength K-1		(J) General or managing partner?	ا مقرد
		country)		(5000)			Yes	No (Form 1065)		Yes	ટ
									_		
											1
				:							l
			-								

Part IV Identification of Related Organizations Taxable as		a Corporation or Trust	st				
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile Direct Type of entity (C corp, S corp, country) or trust)	(D) Direct ontrolling entity	Type of entity (C corp, S corp, or trust)	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	(H) Percentage ownership
							
!	, -						
ВАА		TEEA5002 12/23/08	8/08			Schedule R (Form 990) (2008)	990) (2008)

03-0281195

Page 3

Part V Transactions With Related Organizations

Note Complete line 1 if any entitives listed in Darte II III or IV			Yac	\ <u>{</u>
Note: Complete line in any entity is used in rans in, in, or iv. 1. During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV			6	2
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1 b	×	
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		1 d	×	
e Loans or loan guarantees by other organization(s)		1e		×
f Sale of assets to other organization(s)		1		×
d Purchase of assets from other organization(s)		-	<u> </u>	×
			T	×
		=		×
i Lease of facilities. equipment, or other assets from other organization(s)		=		×
k Performance of services or membership or fundraising solicitations for other organization(s)		౼	×	
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		E		×
n Sharing of paid employees		1,		×
				:
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		1 _P		×
a Other transfer of cash or nonnerty to other organization(s)				×
r Other transfer of cash or property from other organization(s)		-		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction threshold	JS.		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved) nvolve	D.
(1) Preservation Trust of Vermont, Inc. (PTV) granted funds to Preservation Realty	q		8,400	00
(2) Holdings, Inc. (PRH) in support and maintenance of the historic Grand Isle Lake House.				
(4) Interest-free advances to PRH to fund the restoration of the Grand Isle Lake House.	ъ	21	213,000	00.
(5)				
	-			

Schedule **R** (Form 990) (2008)

(6) Management fee for property management of the historic Grand Islae Lake House on behalf of PRH. K BAA

Schedule R (Form 990) 2008 Preservation Trust of Vermont, Inc.

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross

Yes No Form (1065) Yes No Yes Yes No Yes Ye	(A) (B) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3)	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1	(H) General or managing partner?	ral or iging
				Yes No		_	Form (1065)	Yes	N _o
						<u> </u>			
				-					
						-			

Form 8868	(Rev 4-2008) Preservation Trust of Vermont, Inc.		03-0281195	Page 2						
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only I	Part II and check thi	s box	► X						
Note. Only	complete Part II if you have already been granted an automatic 3-month extens	sion on a previously	filed Form 8868							
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)										
Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.										
	Name of Exempt Organization		Employer identification number	r						
Type or		,								
print	Preservation Trust of Vermont, Inc.		03-0281195							
File by the	Number, street, and room or suite number. If a P.O. box, see instructions	,	For IRS use only							
File by the extended due date for										
filing the return See	104 Church Street, #21		·	-						
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions									
	Burlington VT 05401	, ,		<u> </u>						
_	of return to be filed (File a separate application for each return)	_	_							
X Form 99		Form 1041-A	Form 6	069						
Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8	870						
Form 99	90-EZ Form 990-T (trust other than above)	Form 5227		 						
	not complete Part II if you were not already granted an automatic 3-month ext	ension on a previou	ısly filed Form 8868.							
	oks are in care of <u>William Polk</u>									
	one No. ► <u>(802) 658-6647</u> FAX No ► <u>(802) 658</u>									
● If the organization does not have an office or place of business in the United States, check this box										
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)										
whole group	p, check this box 🕒 📗 If it is for part of the group, check this box 🏲 🔲	and attach a list wit	th the names and EINs of	all						
	ne extension is for									
	est an additional 3-month extension of time until Aug 16 , 20 1									
5 For ca	alendar year $_$, or other tax year beginning $\colone{Oct}\colone{1}$, 20	08 , and ending S	<u>ep 30 , 20 C</u>) <u>9</u>						
6 If this tax year is for less than 12 months, check reason Unitial return Final return Change in accounting period										
7 State in detail why you need the extension Additional time is required in order to compile										
<u>the</u>	information necessary to prepare a complete an	<u>d_accurate_t</u>	ax return.							
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tental fundable credits. See instructions	8a \$	0.							
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable crients made. Include any prior year overpayment allowed as a credit and any and form 8868.	tax ly 8b\$	0.							
c Balar with f	ice Due. Subtract line 8b from line 8a Include your payment with this form, or, TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	8c \$	0.							
Signature and Verification										
Under penaltie correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statement implete, and that I am authorized to prepare this form	s, and to the best of my ki	nowledge and belief, it is true,							
Signature	Alace Thysis Title CPA/AGENT		Date > Man	9 11,2010						

FIFZ0502 04/16/08

Form 8868 (Rev 4-2008)

BAA

Form **8868**(Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2008)

		• •					
If you are	filing for an Automatic 3-Month Extension, complet	e only Part I and check	this box .			► X	
If you are	filing for an Additional (Not Automatic) 3-Month Ext	ension, complete only	Part II (on page 2 of this	form)			
	lete Part II unless you have already been granted an				8		
(Rantill)	Automatic 3-Month Extension of Time. Or	ly submit original ((no copies needed)				
A corporation	required to file Form 990-T and requesting an auton	iatic 6-month extension	- check this box and co	omplete Part	I only	▶ □	
	orations (including 1120-C filers), partnerships, REM			•	-	e	
Electronic Fil returns noted the additional Form 990-T	ing (e-file). Generally, you can electronically file Form below (6 months for a corporation required to file Form (not automatic) 3-month extension or (2) you file Formstead, you must submit the fully completed and sign to www.irs.gov/efile and click on e-file for Charities &	rm 990-T) However, yo rms 990-BL, 6069, or 8 ned page 2 (Part II) of F	ou cannot file Form 8868 870. group returns, or a	electronicall	ly if (1) you w r consolidated	ant d	
	Name of Exempt Organization			Employer ide	ntification number	er	
Type or							
print	Preservation Trust of Vermont,	Inc.		03-0281195			
File by the due date for	Number, street, and room or suite number. If a P O box, see instruc-	tions					
	104 Church Street, #21						
instructions	City, town or post office, state, and ZIP code For a foreign address,	see instructions					
	Burlington	···	1 0.	VT	05401		
	f return to be filed (file a separate application for ear	•					
	X Form 990 Form 990-T (corporation)		_	Form 4720 Form 5227			
Form 990-BL Form 990-T (section 4)		• • • • • • • • • • • • • • • • • • • •	· —				
Form 990	— · · · · · · · · · · · · · · · · · · ·	t other than above)	—	Form 6069			
1 1 Ponn 990	-PF Form 1041-A		Form 88	370			
Telephone If the orga If this is for check this	are in the care of William Polk No (802) 658-6647 Inization does not have an office or place of business or a Group Return, enter the organization's four digit box If it is for part of the group, check this sion will cover	s in the United States, o Group Exemption Numb	theck this box per (GEN)			ıb'	
1 reques	t an automatic 3-month (6 months for a corporation	required to file Form 99	0-T) extension of time				
The ext	ay 17 , 20 10 , to file the exempt organizension is for the organization's return for calendar year 20 or tax year beginning $0ct1$, 20 08 , and x year is for less than 12 months, check reason.		,20 _09_	Change in ac	ecounting peri	ıod	
3a If this a	oplication is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, enter the tental	tive tax, less any				
nonrefu	ndable credits. See instructions			3a \$		0.	
b If this a made 1	oplication is for Form 990-PF or 990-T, enter any refinctude any prior year overpayment allowed as a cred	undable credits and esti it	mated tax payments	3b \$		0.	
deposit	Due. Subtract line 3b from line 3a. Include your pay with FTD coupon or, if required, by using EFTPS (Eleructions	ment with this form, or, ectronic Federal Tax Pa	ıf required, yment System)	3c \$		0.	
Caution. If yo	u are going to make an electronic fund withdrawal w	th this Form 8868, see	Form 8453-EO and Form	n 8879-EO fo	or		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.