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Return of Organization Exempt From Income Tax**2009**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Department of the Treasury
Internal Revenue Service

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

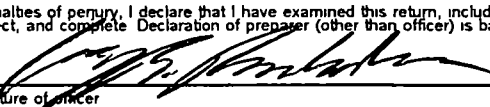

Open to Public Inspection**For the 2009 calendar year, or tax year beginning** 7/01, **2009, and ending** 6/30, **2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Please use IRS label or print or type. See specific instructions. GREEN MOUNTAIN UNITED WAY, INC. 963 PAINE TURNPIKE N #2 BERLIN, VT 05602	D Employer identification number 03-0261384
		E Telephone number (802) 229-9532	G Gross receipts \$ 941,409.
F Name and address of principal officer SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.GMUNITEDWAY.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1975	M State of legal domicile VT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>IN COLLABORATION WITH NON-PROFIT ORGANIZATIONS, FAITH-BASED GROUPS, GOVERNMENT AND EDUCATIONAL AGENCIES, GREEN MOUNTAIN UNITED WAY IS COMMITTED TO STRENGTHENING COMMUNITIES BY SUPPORTING AND INITIATING PROGRAMS IN THE AREAS OF ECONOMIC ADVANCEMENT, HEALTH, EDUCATION AND</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of employees (Part V, line 2a)	8
	6	Total number of volunteers (estimate if necessary)	358
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 705,713. Current Year: 646,633.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,430. 3,766.
	11	Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)	19,594. 1,771.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	732,737. 652,170.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	260,913. 230,283.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	247,438. 266,564.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (A), line 26)	15,883.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	128,558. 144,234.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	636,909. 641,081.
19	Revenue less expenses. Subtract line 18 from line 12	95,828. 11,089.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 747,158. End of Year: 725,411.
	21	Total liabilities (Part X, line 26)	308,580. 257,112.
	22	Net assets or fund balances. Subtract line 21 from line 20	438,578. 468,299.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer  CORY RICHARDSON Type or print name and title	Date 3/10/11 TREASURER	
Paid Preparer's Use Only	Preparer's signature  WILLIAM L. HULL	Date 3/2/11	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00199815
	Firm's name (or yours if self-employed), address, and ZIP + 4 FOTHERGILL SEGALE & VALLEY, CPAS 143 BARRE STREET MONTPELIER, VT 05602		EIN ▶ 03-0300841 Phone no ▶ (802) 223-6261

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**TEEA0113L 12/29/09 Form **990** (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 services? ☐ Yes ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 247,547. including grants of \$ 96,847.) (Revenue \$)

GREEN MOUNTAIN UNITED WAY (GMUW) PROVIDES AN OPPORTUNITY FOR DONORS TO DESIGNATE THEIR DONATION TO ANY LOCAL NON-PROFIT IN THE FIVE COUNTY REGION. IN ADDITION, GMUW PROVIDES FUNDING ANNUALLY TO NON-PROFIT ORGANIZATIONS THAT ARE IN NEED OF EMERGENCY FUNDS.

4b (Code:) (Expenses \$ 100,444. including grants of \$ 39,446.) (Revenue \$ 44,518.)

RESEARCH PROVES THAT CONSUMING FRUITS AND VEGETABLES AND EXERCISING THE RECOMMENDED AMOUNT OF 30 MINUTES A DAY CAN PREVENT OBESITY. GMUW NOT ONLY FUNDS LOCAL ORGANIZATIONS PROVIDING SERVICES TO INCREASE TO HEALTHY FOODS AND PHYSICAL ACTIVITY OPPORTUNITIES, BUT IS WORKING WITH LOCAL GROUPS TO ENCOURAGE COMMUNITIES TO PLAN, SUPPORT AND LEARN ABOUT STRATEGIES THAT SUPPORT HEALTHY LIFESTYLES. BY INCREASING ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY OPPORTUNITIES, WE CAN BUILD HEALTHY COMMUNITIES - WHERE WE WORK, LIVE, AND PLAY.

4c (Code:) (Expenses \$ 99,604. including grants of \$ 38,606.) (Revenue \$)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)

SEE SCHEDULE O

(Expenses \$ 141,498. including grants of \$ 55,384.) (Revenue \$ 2,750.)

4e Total program service expenses ▶ 589,093.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 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		
6 Did the organization maintain any donor advised funds or any similar funds or 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 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		X
16 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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
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		X
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		X
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		X
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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Form 990 (2009)

Part VI. Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	14	
1b Enter the number of voting members that are independent	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? SEE SCH O	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **SEE SCHEDULE O**

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

▶ CORY RICHARDSON, TREASURER 963 PAINE TURNPIKE N#2, BERLIN VT 05602 (802) 229-9532

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RUTH BROWN DIRECTOR	1	X						0.	0.	0.
DR. STUART WILLIAMS, MD PRESIDENT	2	X		X				0.	0.	0.
PHIL ZUNDER DIRECTOR	1	X						0.	0.	0.
CORY RICHARDSON TREASURER	2	X		X				0.	0.	0.
DON GEORGE DIRECTOR	2	X						0.	0.	0.
MICHAEL KNIGHT DIRECTOR	1	X						0.	0.	0.
JOHN J. GARDNER VICE PRESIDENT	2	X		X				0.	0.	0.
JEFF HUNSBERGER DIRECTOR	1	X						0.	0.	0.
BETHANY A. CHENETTE DIRECTOR	1	X						0.	0.	0.
SUSAN KRUTHERS SECRETARY	2	X		X				0.	0.	0.
ALAN LENDWAY DIRECTOR	1	X						0.	0.	0.
F. CLARK LEONARD DIRECTOR	1	X						0.	0.	0.
WALTER S. OAKES DIRECTOR	1	X						0.	0.	0.
CONNIE PECK DIRECTOR	1	X						0.	0.	0.
NANCY F. ZORN EXECUTIVE DIREC	37.5			X				58,363.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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1b Total								58,363.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes' complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 37,329.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 44,518.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 564,786.				
	g Noncash contribns included in lns 1a-1f	\$				
	h Total. Add lines 1a-1f		646,633.			
PROGRAM SERVICE REVENUE	Business Code					
	2a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		7,894.			7,894.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-4,128.	-4,128.		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code			
11a GRANT ADMIN FEES		8,750.	8,750.			
b SPONSORSHIPS/OTHER		4,508.	4,508.			
c SERVICE FEES		3,751.	3,751.			
d All other revenue		-15,238.	-15,238.			
e Total. Add lines 11a-11d		1,771.				
12 Total revenue. See instructions		652,170.	-2,357.	0.	7,894.	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	230,283.	230,283.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	58,363.	49,551.	3,157.	5,655.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	149,219.	134,665.	12,410.	2,144.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,509.	3,264.	70.	175.
9 Other employee benefits	38,623.	34,015.	3,449.	1,159.
10 Payroll taxes	16,850.	15,166.	1,179.	505.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	8,500.		8,500.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees.				
g Other				
12 Advertising and promotion.	2,138.	2,138.		
13 Office expenses	3,030.	2,641.	55.	334.
14 Information technology	2,023.	1,590.	174.	259.
15 Royalties				
16 Occupancy	25,126.	22,943.	1,034.	1,149.
17 Travel	6,511.	5,910.	66.	535.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,632.	2,355.	35.	242.
20 Interest				
21 Payments to affiliates	6,154.	6,154.		
22 Depreciation, depletion, and amortization.	4,479.	4,121.	179.	179.
23 Insurance	1,875.		1,834.	41.
24 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.)				
a GRANTS	44,518.	44,518.		
b POSTAGE AND SHIPPING	9,089.	8,246.	51.	792.
c PRINTING AND PUBLICATIONS	7,452.	6,558.		894.
d TELEPHONE	3,792.	3,243.	54.	495.
e SERVICE FEES	3,751.		3,751.	
f All other expenses	13,164.	11,732.	107.	1,325.
25 Total functional expenses. Add lines 1 through 24f	641,081.	589,093.	36,105.	15,883.
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	55,655.	1	173,371.
	2 Savings and temporary cash investments	160,798.	2	15,741.
	3 Pledges and grants receivable, net	277,205.	3	244,265.
	4 Accounts receivable, net		4	1,175.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	782.	9	2,313.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	42,473.		
	10b Less: accumulated depreciation.	23,937.	10c	18,536.
	11 Investments – publicly-traded securities	243,537.	11	270,010.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	747,158.	16	725,411.	
LIABILITIES	17 Accounts payable and accrued expenses	1,856.	17	3,672.
	18 Grants payable		18	
	19 Deferred revenue	43,043.	19	20,389.
	20 Tax-exempt bond liabilities.		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	263,681.	25	233,051.
	26 Total liabilities. Add lines 17 through 25	308,580.	26	257,112.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	320,850.	27	355,611.
	28 Temporarily restricted net assets	17,728.	28	12,688.
	29 Permanently restricted net assets	100,000.	29	100,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund.		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	438,578.	33	468,299.
	34 Total liabilities and net assets/fund balances.	747,158.	34	725,411.

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Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	546,581.	580,408.	665,193.	705,713.	646,633.	3,144,528.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3	546,581.	580,408.	665,193.	705,713.	646,633.	3,144,528.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						175,402.
6 Public support. Subtract line 5 from line 4						2,969,126.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	546,581.	580,408.	665,193.	705,713.	646,633.	3,144,528.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,473.	9,972.	14,359.	11,021.	7,894.	50,719.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	20,936.	22,358.	27,410.	19,598.	1,771.	92,073.
11 Total support. Add lines 7 through 10						3,287,320.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	90.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	87.3 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

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

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Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
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 through 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. 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 <input type="checkbox"/>		
b 33-1/3 support tests – 2008. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

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

[illegible]

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

GREEN MOUNTAIN UNITED WAY, INC.

03-0261384

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
PRIOR YEAR RECOVERIES	-16,738.	10,953.	13,094.	13,164.	9,202.
SERVICE FEES	3,751.	3,051.	3,617.	3,117.	3,586.
MISCELLANEOUS	1,500.	5,594.	10,699.	6,077.	8,148.
GRANT ADMIN FEES	8,750.				
SPONSORSHIPS/OTHER	4,508.				
TOTAL	<u>\$ 1,771.</u>	<u>\$ 19,598.</u>	<u>\$ 27,410.</u>	<u>\$ 22,358.</u>	<u>\$ 20,936.</u>

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

- **Complete** if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► **Attach to Form 990.** ► **See separate instructions**

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

GREEN MOUNTAIN UNITED WAY, INC.

Employer identification number

03-0261384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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 for any other purpose conferring impermissible private benefit??		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
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 tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 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)? ☐ Yes ☐ No

9 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 conservation easements.

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.

1 a 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, 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	► \$ _____

2 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	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	100,000.	100,000.			
b Contributions		2,942.			
c Net investment earnings, gains, and losses	6,980.	-2,942.			
d Grants or scholarships					
e Other expenditures for facilities and programs	6,980.				
f Administrative expenses					
g End of year balance	100,000.	100,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ 100.00 %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

SEE PART XIV

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		42,473.	23,937.	18,536.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				18,536.

BAA

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	652,170.
2	Total expenses (Form 990, Part IX, column (A), line 25)	641,081.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	11,089.
4	Net unrealized gains (losses) on investments	18,632.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	18,632.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	29,721.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	534,604.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	18,632.
b	Donated services and use of facilities	2b	26,117.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	44,749.
3	Subtract line 2e from line 1	3	489,855.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	162,315.
c	Add lines 4a and 4b	4c	162,315.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	652,170.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	504,883.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	26,117.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	26,117.
3	Subtract line 2e from line 1	3	478,766.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	162,315.
c	Add lines 4a and 4b	4c	162,315.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	641,081.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

EARNINGS DERIVED FROM THE PRINCIPAL OF THE ENDOWMENT FUNDS CAN BE USED TO SUPPORT THE ORGANIZATION'S YEARLY ACTIVITIES. THE PRINCIPAL OF \$100,000 MUST BE PERMANENTLY PRESERVED.

Part XIV Supplemental Information (continued)

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

GREEN MOUNTAIN UNITED WAY, INC.

03-0261384

SCHEDULE D, PART XII, LINE 4B

OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DONOR DESIGNATIONS

TOTAL \$ 162,315.
\$ 162,315.

SCHEDULE D, PART XIII, LINE 4B

OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DONOR DESIGNATIONS

TOTAL \$ 162,315.
\$ 162,315.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREEN MOUNTAIN UNITED WAY, INC.

Part I General Information on Grants and Assistance

Employer identification number

03-0261384

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. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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
AREA AGENCY ON AGING FOR NE VERM 481 SUMMER ST #101 ST. JOHNSBURY, VT 05819	03-0272861		8,214.	0			ELDER PROGRAMS
AWARE PO BOX 307 HARDWICK, VT 05843	22-2823675		8,621.	0.			ABUSE/RAPE EMERGENCIES
CENTRAL VERMONT HUMANE SOCIETY PO BOX 687 MONTPELIER, VT 05601	03-0217066		11,717.	0.			PREVENTION OF ANIMAL CRUELTY
CENTRAL VT COUNCIL ON AGING 30 WASHINGTON ST. BARRE, VT 05641	03-0276104		5,838.	0			ELDER PROGRAMS
CENTRAL VT HOME HEALTH & HOSPICE 600 GRANGER RD. BARRE, VT 05641	03-0186089		12,267.	0.			HOME HEALTH NURSING AND HOSPICE
CLARA MARTIN CENTER PO BOX G RANDOLPH, VT 05060	03-0220733		6,716.	0.			OUTPATIENT BEHAVIORAL HEALTH CARE
CT VT COMMUNITY ACTION COUNCIL 195 US RTE 302 BERLIN BARRE, VT 05641	03-0216254		8,891.	0.			LOW INCOME SERVICES
FAMILY CENTER OF WASHINGTON COUN 383 SHERWOOD DRIVE MONTPELIER, VT 05602	22-2652676		11,939.	0			SERVICES FOR YOUNG CHILDREN AND FAMILIES

2 Enter total number of section 501(c)(3) and government organizations 14
3 Enter total number of other organizations 0

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(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.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

COMMITTEES MONITOR HOW GRANT FUNDS ARE SPENT. ORGANIZATIONS MUST APPLY ANNUALLY FOR

GRANT AWARDS.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization

GREEN MOUNTAIN UNITED WAY, INC.

Employer identification number

03-0261384

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

IN COLLABORATION WITH NON-PROFIT ORGANIZATIONS, FAITH-BASED GROUPS, GOVERNMENT AND
EDUCATIONAL AGENCIES, GREEN MOUNTAIN UNITED WAY IS COMMITTED TO STRENGTHENING
COMMUNITIES BY SUPPORTING AND INITIATING PROGRAMS IN THE AREAS OF ECONOMIC
ADVANCEMENT, HEALTH, EDUCATION AND COMMUNITY NEEDS IN ITS FIVE COUNTY SERVICE AREA
IN VERMONT.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

GMUW SUPPORTS LOCAL PROGRAMS AND WORKS WITH COMMUNITY GROUPS TO BUILD INITIATIVES
THAT HELP PEOPLE INCREASE INCOME, BUILD SAVINGS, AND GAIN AND SUSTAIN ASSETS TO
ENABLE THEM TO REACH FINANCIAL STABILITY AND SELF-SUFFICIENCY. WHEN PEOPLE HAVE
RESOURCES TO FIND JOBS WITH SUSTAINABLE SALARIES AND BENEFITS, OPPORTUNITES FOR
CAREER GROWTH, AFFORDABLE HOUSING AND ACCESS TO AVAILABLE INCOME SUPPORTS, THEY HAVE
THE STABILITY TO MAKE LONG-TERM FINANCIAL PLANS AND CONTRIBUTE TO OUR COMMUNITY'S
ECONOMIC WELL-BEING. LOCAL FINANCIAL EDUCATION PROGRAMS AND PRODUCTS PROVIDE PEOPLE
WITH THE RESOURCES AND SKILLS TO HELP THEM SAVE ENOUGH MONEY TO COVER AT LEAST THREE
MONTHS OF LIVING EXPENSES IN ORDER TO SURVIVE FINANCIAL CRISES. HAVING A RELIABLE
INCOME, SAVINGS, FINANCIAL KNOWLEDGE AND ACCESS TO CREDIBLE RESOURCES, ASSETS SUCH
AS A HOME, CAR, OR RETIREMENT ACCOUNT CAN MAKE FINANCIAL STABILITY AN ATTAINABLE
GOAL FOR ALL.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

A YOUNG CHILD'S BRAIN IS TWICE AS ACTIVE AS AN ADULT'S AND IS FORMING STRUCTURES
THAT WILL BE THE FOUNDATION FOR ALL FUTURE LEARNING. GMUW IS PROVIDING EARLY
LEARNING OPPORTUNITIES FOR ALL CHILDREN BY BUILDING COMMUNITY AWAREMNESS ON THE
IMPORTANCE OF EARLY LEARNING, DEVELOPING COMMUNITY-DRIVEN INITIATIVES, FUNDING
QUALITY EARLY LEARNING PROGRAMS AND PROVIDING PARENTS AND CAREGIVERS WITH THE LATEST
EARLT CHILDHOOD PROGRAMS AND PROVIDING PARENTS AND CAREGIVERS WITH THE LATEST EARLY

Name of the organization.

GREEN MOUNTAIN UNITED WAY, INC.

Employer identification number

03-0261384

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

CHILDHOOD RESEARCH THROUGH "BORN LEARNING" MATERIALS THAT PROVIDE EASY, DOABLE TIPS AND IDEAS.

A FUNDAMENTAL STEP TO CREATING LASTING CHANGES IN THE PRIORITY AREAS OF ECONOMIC ADVANCEMENT, HEALTHY LIVING AND EARLY LEARNING IS ENSURING THAT THE BASIC NEEDS OF INDIVIDUALS AND FAMILIES IN OUR COMMUNITIES ARE MET. FOR PEOPLE TO REACH AND MAINTAIN SELF-SUFFICIENCY, LIVE HEALTHY LIFESTYLES AND PROVIDE EARLY LEARNING OPPORTUNITIES FOR CHILDREN, FOOD SECURITY, HOUSING, TRANSPORTATION, AND FINANCIAL ASSISTANCE ARE ESSENTIAL. GMUW HELPS OUR NEIGHBORS IN NEED BY SUPPORTING OUR COMMUNITY INFRASTRUCTURE OF CHURCHES, FOOD SHELVES, HOMELESS SHELTERS, NON-PROFIT ORGANIZATIONS AND LOCAL BUSINESSES AS WELL AS PROVIDING RESOURCES THROUGH VERMONT 2-1-1, FAMILYWISE PRESCRIPTION DRUG PROGRAM, LOCAL FOOD SHELF BROCHURES AND THE GOODS AND SERVICES PROGRAM. IN ADDITION, GMUW HAS CONVENED COMMUNITY GROUPS TO ADDRESS IDENTIFIED EMERGENCY NEEDS IN THE COMMUNITY.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

AMENDED BYLAWS ON APRIL 19, 2010. THE MAJOR CHANGES ARE AS FOLLOWS:

CHANGED THE MISSION TO READ: MOBILIZING COMMUNITIES TO CREATE LASTING CHANGES IN LOCAL CONDITIONS THAT WILL IMPROVE LIVES.

ESTABLISHED A "COMMUNITY NEEDS ASSESSMENT" PROCESS AND AN ENHANCED SYSTEMATIC COMMUNICATIONS PROGRAM WHICH BOTH SPEAKS TO AND LISTENS TO THE COMMUNITY.

CHANGED "MEMBERS" TO "FUNDED PARTNERS".

ADDED THE IMMEDIATE PAST PRESIDENT TO THE EXECUTIVE COMMITTEE.

MADE CHANGES RELATED TO HIRING, DISMISSAL, AND SUPERVISION OF EXECUTIVE DIRECTOR.

ADDED A GOAL OF MAKING THE ORGANIZATION REFLECT THE DIVERSITY OF THE COMMUNITIES IT SERVES.

Name of the organization

GREEN MOUNTAIN UNITED WAY, INC.

Employer identification number

03-0261384

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR AND ADMINISTRATIVE ASSISTANT REVIEW THE DRAFT 990 FIRST. THEN THE AUDIT COMMITTEE REVIEWS THE DRAFT BEFORE RECOMMENDING THAT THE FULL BOARD OF DIRECTORS AUTHORIZE THE TREASURER TO ACCEPT THE FINAL VERSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

DURING THE NEW BOARD MEMBER ORIENTATION THE CONFLICT OF INTEREST POLICY IS REVIEWED AND IS SIGNED. EACH YEAR IN AUGUST A CONFLICT OF INTEREST FORM IS UPDATED AND SIGNED. THIS ENSURES THAT THE PERSON UNDERSTANDS THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND THAT IT IS RECONFIRMED EACH YEAR. THE SIGNED FORM IS KEPT ON FILE IN THE OFFICE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

IN THE SPRING OF EACH YEAR THE EXECUTIVE DIRECTOR'S PERFORMANCE IS REVIEWED BY THE BOARD. BOARD MEMBERS ARE ASKED TO COMPLETE A SURVEY ASKING FOR RATINGS ON A WIDE RANGE OF ISSUES. THE SURVEY IS SENT TO THE CHAIR OF THE GOVERNANCE AND NOMINATIONS COMMITTEE. NAMES ARE OPTIONAL ON THE SURVEY.

THE CHAIR MAKES A REPORT TO THE BOARD WHERE MORE DISCUSSION MAY TAKE PLACE. THE EXECUTIVE DIRECTOR IS NOT PRESENT DURING THE DISCUSSION. THE PRESIDENT OF THE BOARD THEN GOES OVER THE REVIEW AND ANY OTHER COMMENTS WITH THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990 IS AVAILABLE ON "GUIDESTAR"; ON OUR WEBSITE; AND CAN ALSO BE REVIEWED AT OUR OFFICE DURING BUSINESS HOURS.

OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT OUR OFFICE.

Employer identification number

03-0261384

Schedule O (Form 990) 2009

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	GREEN MOUNTAIN UNITED WAY, INC.	03-0261384
	Number, street, and room or suite number. If a P.O. box, see instructions	
	963 PAINE TURNPIKE N #2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BERLIN, VT 05602	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► CORY RICHARDSON, TREASURER

Telephone No ► (802) 229-9532 FAX No ► _____

- 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) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 09, and ending 6/30, 20 10

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	GREEN MOUNTAIN UNITED WAY, INC.	03-0261384
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	963 PAINE TURNPIKE N #2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BERLIN, VT 05602	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of CORY RICHARDSON, TREASURER
Telephone No. (802) 229-9532 FAX No. _____
- 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) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 11.
- 5 For calendar year _____, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension FINANCE COMMITTEE AND FULL BOARD OF DIRECTORS HAVE NOT REVIEWED ANNUAL AUDIT AND FORM 990 YET, BUT EXPECT TO BE ABLE TO FILE THE RETURN SHORTLY.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title TREASURER Date _____