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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

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

A	For th	e 2012 calendar year, or tax year beginning a	nd ending	_	
В	Check if applicab	C Name of organization		D Employer ident	tification number
х	Addre	J. WARREN & LOIS MCCLURE FOUNDATION, INC			
Ē	Name	· · · · · · · · · · · · · · · · · · ·		03-0	345186
	Initial	16. 201	Room/suite	E Telephone num	ber
	Termi			,	388-3355
	Amen	ded 0		G Gross receipts \$	4,262,590.
	Appli	MIDDLEBURY, VT 05753		H(a) Is this a group	return
	pendi	F Name and address of principal officer:LOIS MCCLURE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates	ıncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 527	If "No," attach	a list. (see instructions)
		te: MCCLUREVT.ORG		H(c) Group exemp	tion number
		forganization: x Corporation Trust Association Other	∟ Year	of formation: 1994	M State of legal domicile: VT
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO S	UPPORT BRO	AD CHARITABLE	
ă		PURPOSES, PRIMARILY IN THE STATE OF VERMONT.	_		
ern/	2	Check this box If the organization discontinued its operations or dis	posed of more		ء ا
ွ် ဇ	3	Number of voting members of the governing body (Part VI, line 1a)		-	3 6 4 5
٠ŏ	4	Number of independent voting members of the governing body (Part VI, line 1)	D)	-	<u>'</u>
ţ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		⊢	5 0 6 5
시기록 Activities & Governance	0	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		<u> </u>	7a 0.
<u>∜</u> ĕ		Net unrelated business taxable income from Form 990-T, Tax 34 CM F		⊢ -	<u>а</u> 0.
-	+	Net difference business taxable income from our our sast, pro-		Prior Year	Current Year
N.	8	Contributions and grants (Part VIII, line 1h)	− ງలູ		0. 100,000.
∌ૄઁ	9	Program service revenue (Part VIII, line 2g) NOV 2 5 2013		(0. 0.
2 8		Investment income (Part VIII, column (A), lines 3, 4, and Zd)		646,35	7. 195,012.
JAN ₩ Z Revenue		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and 100		•	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column A), line 12		646,35	7. 295,012.
SCANNED Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		378,000	0. 450,613.
Z	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
€s.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)		0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		(0.
ع چرار	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	146,50	-
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	524,50	
. 0	19	Revenue less expenses. Subtract line 18 from line 12		121,84	-
ts or			Be	eginning of Current Yea	
Net Assets	20	Total assets (Part X, line 16)	-	6,785,029	
e te	21	Total liabilities (Part X, line 26)	_	6,784,00	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		0,704,00	7,107,333.
		alties of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ents, and to the hest of	my knowledge and belief, it is
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of		· ·	my momougo and bonon, icio
	,	7		1/-1	8-12
Sig	ın	Signature of officer 2	-	Dafe /	
He		STUART COMSTOCK-GAY, SECRETARY			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN .
Pai	d	MARY KAY CURTISS		11 12 13 self-emp	ployed P01551484
Pre	parer	Firm's name BLUM, SHAPIRO & COMPANY, P.C., CPA'S		Firm's EIN	06-1009205
Use	Only	Firm's address 29 S. MAIN STREET, P.O. BOX 272000			
		WEST HARTFORD, CT , CT 06127-2000		Phone no.	860-561-4000
		RS discuss this return with the preparer shown above? (see instructions)			Yes No
2320	001 12-	10-12 LHA For Paperwork Reduction Act Notice, see the separate instru	ctions.		Form 990 (2012)

Form	1 990 (2012) J. WARREN & LOIS MCCLURE FOUNDATION, INC	03-0345186 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Bnefly describe the organization's mission:	
	TO SUPPORT BROAD CHARITABLE PURPOSES, PRIMARILY IN THE STATE OF	
	VERMONT.	
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 X No
	If "Yes," describe these new services on Schedule O	res no
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes X No
3	If "Yes," describe these changes on Schedule O.	, Tes — No
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	riers, the total expenses, and
	(Code	2 aug
70	THE FOUNDATION PROVIDED 13 GRANTS IN SUPPORT OF ITS MISSION WITH A	, inde 4
	CONCENTRATION ON REMOVING BARRIERS TO ACCESS POST-SECONDARY EDUCATION	
	FOR UNDERSERVED VERMONTERS.	· · · · · · · · · · · · · · · · · · ·
		
		•
		
4b	(Code) (F	enue \$
40	(Code) (Expenses \$) (Revi	anue \$)
		· · · · · · · · · · · · · · · · · · ·
	-	
		
		
4c	(Code) (Expenses \$) (Rev	enue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ► 450,613.	
		Form 990 (2012)

Form 990 (2012)

J. WARREN & LOIS MCCLURE FOUNDATION, INC

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	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	_2	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	3	<u> </u>	X -
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ļ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
Ь	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	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-	x	
d	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	מדו		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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, Parts III and IV	16		х
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	17		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	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ـــ ا		v
20-	complete Schedule G, Part III	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	in 165 to line 20a, the organization attach a copy of its addited infancial statements to this return?		990 (2012\
		1 01111		

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Form 990 (2012)

J. WARREN & LOIS MCCLURE FOUNDATION, INC

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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	22	L	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		ļ
	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			l
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	26		х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			┝┷
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			i
а	A CANADA A C	28a	ŀ	х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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, Part II, III, or IV, and		Ì	
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
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	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	_38_	X	(00:5:
		Form	330	(2012)

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Par		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
		Oneskii conteade o contains a response to any quodiornin ano i art v	—	Yes	No
1a	Enter ti	he number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	NO
b		the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
		e organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1
•		ing) winnings to prize winners?	1c		Ì
2a		he number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		r the calendar year ending with or within the year covered by this return 2a			
b		ast one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note.	f the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
ь	If "Yes,	," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ĺ <u>. </u>
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financia	al account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
þ		," enter the name of the foreign country:			
		structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a	Was th	e organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
		y taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
		"to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a		he organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	•	ntributions that were not tax deductible as charitable contributions?	6a		
D		" did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		l
7		ot tax deductible? izations that may receive deductible contributions under section 170(c).	6b		
a	_	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
		" did the organization notify the donor of the value of the goods or services provided?	7b		
		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
_		Form 8282?	7c		х
d	If "Yes,	," indicate the number of Forms 8282 filed during the year 7d 7d			
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the o	rganization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the o	rganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	•	ring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	-	ation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		х
9	-	oring organizations maintaining donor advised funds.			
		organization make any taxable distributions under section 4966?	9a		
_		e organization make a distribution to a donor, donor advisor, or related person?	9b		
10		n 501(c)(7) organizations. Enter: on fees and capital contributions included on Part VIII, line 12			İ
		on fees and capital contributions included on Part VIII, line 12 receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		i	
11		n 501(c)(12) organizations. Enter:	1		ĺ
		Income from members or shareholders			
		income from other sources (Do not net amounts due or paid to other sources against			
-		ts due or received from them.)			
12a		n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section	n 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the c	organization licensed to issue qualified health plans in more than one state?	13a		
	Note. 9	See the instructions for additional information the organization must report on Schedule O			
b	Enter tl	he amount of reserves the organization is required to maintain by the states in which the			
	organiz	zation is licensed to issue qualified health plans			
		he amount of reserves on hand	\vdash		
		e organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes,	" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0010)
			rorm	33U	(2012)

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.					
	Check if Schedule O contains a response to any question in this Part VI			х		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	5				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	5				
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?	2	х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3	х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)					
			Yes	No X		
	Did the organization have local chapters, branches, or affiliates?	10a				
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10ь				
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?					
_	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x			
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120				
Ū	in Schedule O how this was done	12c	x			
13	Did the organization have a written whistleblower policy?	13	х			
14	Did the organization have a written document retention and destruction policy?	14	х			
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?					
а	The organization's CEO, Executive Director, or top management official	15a		х		
	Other officers or key employees of the organization	15b		х		
	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?	16a	<u> </u>	x		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1			
	exempt status with respect to such arrangements?	16b	•			
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le			
	for public inspection. Indicate how you made these available Check all that apply.					
	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd finar	ncial			
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ition.				
	DEBRA D. ROONEY, VP FOR FINANCE AND CFO - 802-388-3355 3 COURT STREET MIDDLEBURY, VT 05753			<u> </u>		
232000		Form	990	(2012)		

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

Check if Schedule O contains a response to any question in this Part VII

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Name and Title Average hours per week (list any hours for related organizations below line) (1) LOIS MCCLURE PRESIDENT/TREASURER (2) BARBARA BENEDICT VICE PRESIDENT (3) PETER ESPENSHADE SECRETARY (4) WILLARD T. JACKSON DIRECTOR (6) DAVID G RAHR Average hours per week (list any hours for related organizations and related organization and related organization (W-2/1099-MISC) Reportable compensation from the companization from related organization (W-2/1099-MISC) (1) LOIS MCCLURE 2.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0								nsat	sated any current officer, director, or trustee.				
hours per week (list any hours for related organizations below line) (1) LOIS MCCLURE PRESIDENT/TREASURER (2) BARBARA BENEDICT VICE PRESIDENT (3) PETER ESPENSHADE SECRETARY (4) WILLARD T. JACKSON DIRECTOR (5) ANNE MOOK DIRECTOR (6) DAVID G RAHR (Ist any hours for related organizations below line) Dow, unless person is bot on an officer and a director/rustee) from the organization (W-2/1099-MISC) from the organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) O . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	(A)	(B)	1		((C)	_		(D)	1 ' '	(F)		
Week (list any hours for related organizations below line) (1) LOIS MCCLURE PRESIDENT/TREASURER (2) BARBARA BENEDICT (3) PETER ESPENSHADE SECRETARY (4) WILLARD T. JACKSON DIRECTOR (5) ANNE MOOK DIRECTOR (6) DAVID G RAHR (Ist any hours for related organizations with the organization (W-2/1099-MISC) (W-2/1099-MISC) from the organizations (W-2/1099-MISC) (W-2/1099-MISC) from related organizations (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) from related organizations (W-2/1099-MISC) (W-2/109-MISC) (W-2/109-M	Name and Title		(do	POSITION (do not check more than one			than	one	<u>•</u>				
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Column			Indiv	Institu	Office	Key er	Emple Begins	Forme	•				
(2) BARBARA BENEDICT 2.00 X X 0. 0. 0 VICE PRESIDENT X X X 0. 0. 0. (3) PETER ESPENSHADE 2.00 X X 0. 89,686. 19,729 (4) WILLARD T. JACKSON 2.00 X 0. 0. 0 0 DIRECTOR X 0. 0. 0 0 0 (5) ANNE MOOK 2.00 X 0. 0. 0 0 (6) DAVID G RAHR 2.00 0. 0. 0. 0 0	(1) LOIS MCCLURE	2.00											
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232007 12-10-12

Form 990 (2012)

Pai	t VII Section A. Officers, Directors, Trus		ploy	ees/			ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average				Position not check more than one			Reportable	Reportable		Esti	mated	i
		hours per	box	, unle	ss pe	erson	ıs bot	h an	compensation	compensation		amo	ount of	f
		week	\vdash	Ceran	io a o	Ireck	or/trus	T	from	from related		0	ther	
		(list any	E E				1		the	organizations		-	ensatı	on
		hours for related	큠	₈			ate		organization	(W-2/1099-MISC)			m the	
		organizations	nstee	trustee	ĺ	بيا	Sia di		(W-2/1099-MISC)			_	nızatıo	
		below	la t	pug		e s	ig a						relateo uzatior	
		line)	Individual trustee or director	Institutional t	Office	Key employee	Highest compensate employee	Рог шег				organ	inzatio	13
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			1								1			
1b	Sub-total						▶		0,	89,68	36.		19,7	29.
С	Total from continuation sheets to Part V	I, Section A							0.		٥.			0.
d	Total (add lines 1b and 1c)						•		0.	89,68	36.		19,7	29.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	.000 of reportable				
	compensation from the organization								·	•				0
												1	es l	No
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v er	nolo	ovee.	. or	highest compensated e	mplovee on				
	line 1a? If "Yes," complete Schedule J for s			-,	, -		,, ,	,				3	- 1	x
4	For any individual listed on line 1a, is the su		le co	amn.	enes	ation	and	d oti	her compensation from:	the organization			\dashv	
•	and related organizations greater than \$15	-								ine organization		4		х
5	Did any person listed on line 1a receive or a									dual for services	\vdash	' 		
•	rendered to the organization? If "Yes," com					-		Ciat	ica organization or indivi	dual for services	1	5		x
Sec	tion B. Independent Contractors	piete Geriedan	- 0 ,	01 30	2011	pers	-					<u> </u>		 -
1	Complete this table for your five highest co	mneneated in	den	and c	nt c	·OD+	racto	are +	that received more than	\$100 000 of comp	eneat	ion fr	\m	
•	the organization. Report compensation for	=								•	orioal	.011110	Z111	
	(A)	une calendar y	cai	GIIUI	ıy v	VILI	O1 W	10 11	(B)	real.		(C)		
	Name and business	address	NO	NE				f	Description of s	ervices	Cor	mpens	sation	
								╅						
		·						\dashv		-				
								- 1						
								-1						
								- 1						
								-	-					
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													T-1	
2	Total number of independent contractors (i		ot li	mite	d to	tho	se lis	sted	d above) who received m	ore than				
	\$100,000 of compensation from the organic	zation 🕨					0							
												Q	<u> 100</u>	40

Pa	rt V	Ш	Statement of Rever	nue						
			Check if Schedule O cont	ains a res	ponse	to any question				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	[1b					
ts, (Arr		С	Fundraising events .	[1c					
Gif		d	Related organizations	Ĺ	1d					1
ns,		е	Government grants (contribut	ions)	1e					
er S		f	All other contributions, gifts, gran	ts, and						
ξŤ			similar amounts not included abo	ve [1f	100,000.				1
ont od (_	Noncash contributions included in lines	1a-1f \$						
<u>a</u> <u>C</u>		h	Total. Add lines 1a-1f				100,000.			
						Business Code				
ice	2						-			\
er.		b						_		
m S		C	-							
gra		d								
Program Service Revenue		e f	All other program service reve	NDLIO.						
			Total. Add lines 2a-2f	niu c						<u></u>
	3	9	Investment income (including	dividend	s. inter	est. and				
			other similar amounts)		.,	•	110,782.			110,782
	4		Income from investment of ta	x-exempt	bond p	oroceeds >				
	5		Royalties		•	•				
			•	(i) R	eal	(II) Personal				
-	6	а	Gross rents							1
		þ	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(ı) Seci	unties	(ii) Other				
			assets other than inventory	4,05	1,808.					
		b	Less: cost or other basis			1				
			and sales expenses		7,578.					
		С	Gain or (loss)	8	4,230					
			Net gain or (loss)				84,230.		N	84,230
enne	8	а	Gross income from fundraisin including \$							
Other Reven			contributions reported on line	1c). See			i			
ē			Part IV, line 18		а		ļ			
2			Less: direct expenses		b					
			Net income or (loss) from fund				-			
	9	а	Gross income from gaming ac	ctivities. S						
			Part IV, line 19		а		1			
			Less: direct expenses		b		1			
			Net income or (loss) from gan	_	ities					
	10	а	Gross sales of inventory, less and allowances	returns	_					
		.	Less: cost of goods sold		a b		1			
	1		Net income or (loss) from sale	on of unvoi	-		1			
		<u>. </u>	Miscellaneous Revenu		itory	Business Code				
	11	2				Luanicas Code	1			
		a b							7.4.4	
		c								
			All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions.				295,012.	0.	0.	195,012
23200 12-10	9 -12									Form 990 (2012)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

Secu	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	 		ітрівів сошті (А)	·
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			9	
	organizations in the United States. See Part IV, line 21	450,613.	450,613.		
2	Grants and other assistance to individuals in	<u>.</u>	·		
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	United States. See Part IV, lines 15 and 16			Ì	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				<u>- ".</u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				<u></u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	94,020.		94,020.	
b	Legal				
C	Accounting	1,080.		1,080.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	48,777.		48,777.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	259.		259.	
14	Information technology	1,543.		1,543.	
15	Royalties				
16	Occupancy	404		404	···
17	Travel	484.		484.	
18	Payments of travel or entertainment expenses			•	
40	for any federal, state, or local public officials	46.		46	
19	Conferences, conventions, and meetings	40.		46.	
20	Interest Payments to offiliates	+			
21 22	Payments to affiliates Depreciation, depletion, and amortization	· · · · · · · · · · · · · · · · · · ·			
23	Insurance	325.		325.	
23 24	Other expenses. Itemize expenses not covered				
4	above. (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	ļ			
а	and any morning a to expenses on consess of				·
b					
c					
d				···	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	597,147.	450,613.	146,534.	0.
26	Joint costs. Complete this line only if the organization				• • • • • • • • • • • • • • • • • • • •
-	reported in column (B) joint costs from a combined		ł		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2242)

Page **11**

Fai	1.	Dalatice Sileet				
		Check if Schedule O contains a response to any question	in this Part X			,, <u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	933.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		·	4	
	5	Loans and other receivables from current and former office	cers, directors,			
		trustees, key employees, and highest compensated empl	oyees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3	3)(B), and contributing			
		employers and sponsoring organizations of section 501(c				
		employees' beneficiary organizations (see instr). Complete	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
455	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D 10a				
	ь	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11	6,785,029.	12	6,789,026.	
	13	Investments · program-related. See Part IV, line 11			13	357,775.
	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)		6,785,029.	16	7,147,734.
	17	Accounts payable and accrued expenses		1,025.	17	1,094.
	18	Grants payable			18	39,245.
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability. Complete Part IV of	Schedule D	•	21	
Liabilities	22	Loans and other payables to current and former officers,				
abi		key employees, highest compensated employees, and dis	squalified 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 pa	· –		24	
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24). C	Complete Part X of			
	i	Schedule D	·		25	
	26	Total liabilities. Add lines 17 through 25		1,025.	26	40,339.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 and 34.				
Ĕ	27	Unrestricted net assets		6,784,004.	27	7,107,395.
Sala	28	Temporanly restricted net assets			28	
Ē	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (ASC 958),	check here ▶□			
ŏ		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other funds		32	
Š	33	Total net assets or fund balances		6,784,004.	33	7,107,395.
	34	Total liabilities and net assets/fund balances	_	6,785,029.	34	7,147,734.

Form **990** (2012)

Form	990 (2012) J. WARREN & LOIS MCCLURE FOUNDATION, INC	03-0345186		Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	,	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,012.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,147.
3	Revenue less expenses. Subtract line 2 from line 1	3			,135.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6		,004.
5	Net unrealized gains (losses) on investments	5		625	526.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	l l			
	column (B))	10	7	,107	,395.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ł
_	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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			ł
	separate basis, consolidated basis, or both:				ł
	Separate basis Consolidated basis Both consolidated and separate basis		_	17	ł
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1		ł
	consolidated basis, or both:				
_	Separate basis X Consolidated basis Both consolidated and separate basis	1.4			1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		x	ł
	review, or compilation of its financial statements and selection of an independent accountant?	-1.1.0	2c	Α.	
2-	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				l
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit	_		х
.	Act and OMB Circular A-133?	rad audit	3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why in Schooling Coand describe any stops token to undergo such audits.	rea audit	3ь		ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			gan	(2012)
			COUL	J 30 ((2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			& LOIS MCCLURE FOU						0.	3-034518	5	
Part I	Reason	for Public Chai	rity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions.				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	scribed in section 1 7	70(b)(1)(A)(ii). (Attach Sc	hedule E.)	l							
з 🖳	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🗀	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospita	al's nar	ne,
	city, and sta	te:										
5	An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	rt descrit	oed in		
	section 170)(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🗀	A federal, sta	ate, or local governm	nent or governmental uni	t describe	d in sectic	n 170(b)(1)(A)(v).					
7 🗀	An organizat	tion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public des	cnbed	ın
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
в 🗔	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗌	An organizat	tion that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembersh	ıp fees, a	and gross r	eceipts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	aın excepti	ons, and (2) no more	than 33	1/3% of its	suppor	t from gros	s inves	tment
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anızatıon	after June	30, 19	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizat	tion organized and o	perated exclusively to te	st for publ	lic safety. S	See sect io	n 509(a)(4	4) .				
11 X	An organizat	tion organized and o	perated exclusively for th	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes	of one	or
	more publicl	y supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See se e	ction 509 (a)(3). Ch	eck the bo	x that	
			organization and compl	ete lines 1	1e through	n 11h.						
,	a 🗓 Type	I Б Т	ype II c	ype III - Fu	nctionally	ıntegrated	c	∮ Ш Тур	e III - No	n-function	ally inte	grated
e X	By checking	this box, I certify that	at the organization is not	controlled	d directly o	r indirectly	by one o	r more dıs	qualified	persons o	ther tha	an
	foundation n	nanagers and other t	than one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 50	9(a)(2)	
f	If the organiz	zation received a wri	tten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	organization, check t	his box									
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	n from any	of the foll	owing per	sons?			
	(i) A perso	on who directly or inc	firectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ıı) and ((III) below	/,	Yes	No
	the gov	reming body of the s	upported organization?							11g(i	<u> </u>	Х
	(ii) A family	member of a perso	n described in (i) above?	•					-	11g(ii).[Х
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (ii) abov	e?					11g(ii	i)	Х
h	Provide the f	following information	about the supported or	ganızatıon	(s).							
				T		г		1	- 	,		
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col.					the on in col.	unt of monetary		
orga	anization		(described on lines 1-9 above or IRC section		document?		support?	(i) organiz U.S	ed in the	su	support	
			(see instructions))				,			[
				Yes	No	Yes	No	Yes	No			
	COMMUNITY	00.004.04.50	L									
FOUNDATI	LON	22-2712160	7	х		Х		Х	<u> </u>		105	,000.
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Total	1										105	,000.

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				İ		
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-	•		_			
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		İ				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					j	
	column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		l				
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the				•		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10]		
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	ıne 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the o	J		•	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2011. If the o	_			l line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual	-	• •				
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			=	•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	-	•		-		▶□
b	10% -facts-and-circumstances tes	=					
	more, and if the organization meets the						
	organization meets the "facts-and-circ		-	•		•	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>8a, 16b, 17a, or 17t</u>			
					Sch	edule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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				<u> </u>		
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, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here .						<u> </u>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2012 (ine 8, column (f) d	ivided by line 13,	column (f))	<u></u>	15	%
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	12 (line 10c, colun	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from	•	• •		-	18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	-					ightharpoons
b	33 1/3% support tests - 2011. If the	•	•		•		and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			· ·		•	

232023 12-04-12

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

-	J. WARREN & LOIS MCCLURE FOUNDATION, INC	03-0345186
Pai		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 f	funds
	are the organization's property, subject to the organization's exclusive legal control?	└── Yes
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con	fernng
	impermissible private benefit?	Yes No
Pai	rt 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).	
	Preservation of land for public use (e.g., recreation or education)	cally important land area
	Protection of natural habitat Preservation of a certified	historic structure
	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 Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	(,, 1	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ganization 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	<u> </u>
_	violations, and enforcement of the conservation easements it holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	
_	and section 170(h)(4)(B)(ii)?	└── Yes └── No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
Pai	conservation easements. It III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assats
I ai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	on Similar Assets.
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	d b-alaman abanduundu af ant bustanaal
D		·
	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	p provide
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	n, provide
_	Revenues included in Form 990, Part VIII, line 1	~ ¢
a h	Assets included in Form 990, Part X	\$
U	noocio included ili FUIII 330, i di CA	- Ψ

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Schedule D (Form 990) 2012

	adio B (1 01111 000) 2012	LOIS MCCLURE F	OUNDATION, INC			03-0345	186	P	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	er Simi	lar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	ıtem	ıs
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further tl	ne organization's exi	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simila	ar assets		_		_
	to be sold to raise funds rather than to be m						Yes	<u> </u>	<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" to	Form 99	0, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa	***	<u></u>						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets no	t included	<u> </u>	_	_	٦
	on Form 990, Part X?						」Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			·			
							Amount		
С	Beginning balance	•			1c	<u> </u>			
d	Additions during the year				1d				
е	Distributions during the year				1e	ļ			
f	Ending balance				1f		1	-	T
	Did the organization include an amount on F			=		L	」 Yes	<u> </u>	∐ No
Par	t V Endowment Funds. Complete is								
r ai	Endowment i dilds. Complete				1	voore book	(=) Four	vonre	hack
4-	Degraphy of very belonge	(a) Current year 6,784,004.	(b) Prior year 7,282,164.	(c) Two years back 6,791,037.	<u> </u>	years back 626,648.	(e) Four		394.
1a _	Beginning of year balance	100,000.	7,202,104.	0,731,037.	,	020,040.	· · ·	221,	, 3,4.
b		820,539.	26,349.	949,378.	1	607,392.	-2	164	153.
	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·	450,613. 378,000. 325,500. 312,1						
d	Grants or scholarships	130,013.	370,000.	323,300.		312,130.		JUI,	000.
E	Other expenditures for facilities		76.						
•	and programs Administrative expenses	146,535.	146,433.	132,751.		130.873.		129	593.
g	End of year balance	7,107,395.	6,784,004.	7,282,164.		791,037.			648.
2	Provide the estimated percentage of the cur		<u>-</u>		,	,,,,,,		,	
	Board designated or quasi-endowment	100.00	%	ij) ficia as.					
	Permanent endowment	%							
	Temporarily restricted endowment	% %							
·	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses		ation that are held a	nd administered for	the organ	ızatıon			
	by.						Г	Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)	х	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	х	
4	Describe in Part XIII the intended uses of the	•						•	
Par	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o		1	ccumulat		(d) Book	value	e
1a	Land						•		
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	O(c).)		•			0.

232053 12-10-12

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. J. WARREN & LOIS MCCLURE FOUNDATION, INC General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part

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?

OMB No 1545-0047	2012	Open to Public

Employer identification number Inspection 03-0345186

2

X Yes

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	Governments an	Offing the use of grant	unds in the United	nomplete if the ords	V" Perewered "V	es" to Form 990 Part	W line 21 for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additing	onal space is need	pa			
1 (a) Name and address of organization or government	(p) 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
AMERICAN RED CROSS 29 MANSFIELD AVE. BURLINGTON, VT 05401-3323	53-0196605	501(C)(3)	25,000.	0.			GEN SUPPORT
CHAMPLAIN COLLEGE 163 SOUTH WILLIARD STREET BURLINGTON, VT 05401	03-0220266	501(C)(3)	25,000.	0.	:		GEN SUPPORT
COMMUNITY COLLEGE OF VERMONT 660 ELM STREET MONTPELIER, VT 05601	03-0213787	MUNICIPAL	175,113.	0.			ZEN SUPPORT
THE TUTORIAL CENTER 208 PLEASENT STREET BENNINGTON, VT 05201	03-0233583	501(C)(3)	20,000.	0,			GEN SUPPORT
VERMONT JOURNALISM TRUST 64 MAIN STREET MONTPELIER, VT 05602	27-1553931	501(C)(3)	10,000.	0.			GEN SUPPORT
VERMONT STATE COLLEGES P.O. BOX 7 MONTPELIER, VT 05601	03-0213787	MUNICIPAL	35,000.	0.			GEN SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table			Ti di di di di di di di di di di di di di	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

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Page 1		rant						Form 990)
03-0345186		(h) Purpose of grant or assistance	GEN SUPPORT					Schedule I (Form 990)
	τII)	(g) Description of non-cash assistance						
	and Organizations in the United States (Schedule (Form 990), Part)	(f) Method of valuation (book, FMV, appraisal, other)						
	nited States (Sch	(e) Amount of non-cash assistance	•0					
	izations in the U	(d) Amount of cash grant	105,000.					
UNDATION, INC	vernments and Organ	(c) IRC section if applicable	501(C)(3)					
DIS MCCLURE FO	Assistance to Go	(b) EIN	22-2712160					
Schedule (Form 990) J. WARREN & LOIS MCCLURE FOUNDATION	Part II Continuation of Grants and Other Assistance to Governments	(a) Name and address of organization or government	VERMONT COMMUNITY FOUNDATION 3 COURT STREET MIDDLEBURY, VT 05753					

Page 2 (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Schedule | (Form 990) (2012)

J. WARREN & LOIS MCCLURE FUUNDALLUN, AND

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.

Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant PROGRAMMATIC REPORTING BY ALL GRANTEES TO ENSURE THE APPROPRIATE USE OF SCHEDULE I, PART I, LINE 2: THE FOUNDATION REQUIRES FINANCIAL AND (b) Number of recipients (a) Type of grant or assistance GRANTED FUNDS,

03-0345186

Schedule I (Form 990) (2012)

232102 12-18-12

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization **Employer identification number** J. WARREN & LOIS MCCLURE FOUNDATION, INC 03-0345186 FORM 990, PART VI, SECTION A, LINE 2: LOIS MCCLURE AND BARBARA BENEDICT ARE MOTHER AND DAUGHTER. FORM 990, PART VI, SECTION A, LINE 3: THE VERMONT COMMUNITY FOUNDATION PERFORMS CUSTOMARY MANAGEMENT DUTIES ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT WILL REVIEW THE FORM 990 AND RELATED SCHEDULES AND PROVIDE A COPY OF THE TAX RETURN TO ALL BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS COMPLETE CONFLICT OF INTEREST FORMS ANNUALLY. BOARD MEMBERS ALSO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST IF THEY ARISE DURING BOARD MEETINGS. FORM 990 PART VI SECTION B LINE 15: THE FOUNDATION DOES NOT CURRENTLY HAVE POLICIES REGARDING COMPENSATION, AS NO INDIVIDUAL IS COMPENSATED. FORM 990, PART VI, SECTION C, LINE 18: THE FOUNDATION WAS AUDITED AS PART OF THE CONSOLIDATED AUDIT OF THE VERMONT COMMUNITY FOUNDATION. ITS SUPPORTED ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION HAS NO FORMAL POLICY SURROUNDING THE PUBLIC AVAILABILITY OF ITS GOVERNING DOCUMENTS, NOR HAS IT AS THE FOUNDATION IS PART OF A EVER RECEIVED A REQUEST FOR SUCH DOCUMENTS. CONSOLIDATED SET OF FINACIAL STATEMENTS, NO STAND ALONE FINANCIAL

STATEMENTS EXIST. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization J. WARREN & LOIS MCCLURE FOUNDATION, INC	Employer identification number 03-0345186
AVAILABLE AT WWW.VERMONTCF.ORG.	
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

Employer identification number Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) 03-0345186 End-of-year assets <u>e</u> Total income Ð Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity J. WARREN & LOIS MCCLURE FOUNDATION, INC Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part Part

(a)	(q)	(c)	(p)	(e)	(£)	(6) · ·	
Name, address, and EIN	Primary activity	Legal domicile (state or	ode	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) Iled
of related organization		foreign country)	section	status (if section	entrty	entit	12
				501(c)(3))		Yes	S S
VERMONT COMMUNITY FOUNDATION - 22-2712160							
3 COURT STREET							
MIDDLEBURY, VT 05753	SUPPORTED ORGANIZATION	VERMONT	501(C)(3)	4	N/A		×
				•			

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

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(j) (k) General or Percentage managing ownership partner			re related	Section 512(b)(13) controlled entity?				Schedule R (Form 990) 2012
			е ог то	(h) Percentage ownership				R (Forn
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had or	(g) Share of Per end-of-year ow assets				Schedule
(h) Dispropartionate allocations?			IV, line 34				_	
(g) Share of Dr. are assets			rm 990, Part	(f) Share of total income		·		
			ed "Yes" to Fo	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income			on answer					
(e) Predominant income (related, unrelated, excluded from tau under sections 512-514)			the organization	(d) Direct controlling entity				0
	1		omplete ıf	(c) Legal domicile (state or foreign country)				30
(d) Direct controlling entity			oration or Trust (C year.)	(b) Primary activity				
(c) Legal domicile (state or foreign country)			as a Corport of the tax	Prim				
(b) Primary activity			ganizations Taxable s	≧ c				
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization				232162 12-10-12

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				1	Yes	N _o
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?	ns with one or more re	elated organizations listed	I in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e	\vdash	×
					<u> </u>	
f Dividends from related organization(s)				*	_	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				÷		×
i Exchange of assets with related organization(s)				ï		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×	١
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	1	×
 Sharing of paid employees with related organization(s) 				2	1	×
				,		;
				2	\dagger	ا ا
 Reimbursement paid by related organization(s) for expenses 				₽	\dagger	×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
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.	who must complete the	ns line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment bartnerships

(a) (b) (c) (d)	(q)	(0)		(e)	(£)	(6)	Œ	3	s	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income part (related, unrelated, 50	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	amount in box 20 managing ownership	General (managin partner)	or Percentage
			under section 512-514) Ye	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	Tal
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Part V	R (Form 990) 2012 Supplemental Inf	ormation				
			nation for responses to quesi	tions on Schedule R (see inst	tructions).	
	Complete and part to p	TOTAL AGGILLOTICA ATTOTAL	indication to position to quot	tions on contours it (eas inc		
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