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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 private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2013 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address Ichange J. WARREN AND LOIS MCCLURE FOUNDATION Name change 03-0345186 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-C/O VERMONT COMMUNITY FOUNDATION, 3 COURT ST. 802-388-3355 2,658,271 G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-tion pending MIDDLEBURY, VT 05753 H(a) is this a group return F Name and address of principal officer.LOIS MCCLURE Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status. X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: MCCLUREVT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 1994 M State of legal domicile: VT Part I Summary Briefly describe the organization's mission or most significant activities. TO SUPPORT BROAD CHARITABLE Activities & Governance PURPOSES, PRIMARILY IN THE STATE OF VERMONT. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 100,000 100,000. 0. Program service revenue (Part VIII, line 2g) 195,012 378,996. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 295,012 478,996. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 450,613 382,300. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part)IX, column (A), line 4) 0 0. 0. 0. Salaries, other compensation, employee penefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part Modumn 19) line 25) 146 534 Other expenses (Part (X) column (A), lines 1 a 1 d, 11f-24e) 152,376. Total expenses? Add lines 13-17 (must equal Part IX, column (A), line 25) 597,147. 534,676. Revenue less expenses: Subtract line 18 from line 12 -302,135 -55 680 **Beginning of Current Year End of Year** 7,147,734 7,907,880. Total assets (Part X, line 16) 20 40,339 57,416. 21 Total liabilities (Part X, line 26) 7,107,395 Net assets or fund balances. Subtract line 21 from line 20 7,850,464. Signature Block 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 Sign STUART COMSTOCK-GAY, SECRETARY Here Type or print name and title Print/Type preparer's name strinature Paid MARY KAY CURTISS 01551484 BLUM, SHAPIRO & COMPANY, 06-1009205 Preparer Firm's name Firm's EIN Use Only Firm's address 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT, CT 06127-2000 Phone no.860-561-4000 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2013) J. WARREN AND LOIS MCCLURE FOUNDATION	03-0345186	Page 2
Pai	rt III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	TO SUPPORT BROAD CHARITABLE PURPOSES, PRIMARILY IN THE STATE OF		
	VERMONT,		
			
2	Did the ergonization undertake any ergotioent program convices during the year which were not leted as		·
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Г	Yes X No
	If "Yes," describe these new services on Schedule O.		Yes INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	Yes X No
3	If "Yes," describe these changes on Schedule O	L.	165140
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by e	vnansas
•	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.	io, the total exp	orioco, and
4a	(Code) (Expenses \$ 382,300. including grants of \$ 382,300.) (Revenue)
	THE FOUNDATION PROVIDED 19 GRANTS IN SUPPORT OF ITS MISSION TO PROMOTE		·
	ACCESS TO POST-SECONDARY AND CAREER EDUCATION FOR ALL VERMONTERS,		
	INCLUDING LOW-INCOME STUDENTS, FIRST-GENERATION COLLEGE STUDENTS, ADULT		
	LEARNERS, AND VETERANS.		
			** '
		<u></u>	
4b	(Code) (Expenses \$) (Revenue	ie \$)

4c	(Code) (Expenses \$ including grants of \$) (Revenu		
+0	(Code) (Expenses \$) (Revenue)	ue \$,
			
			
		,	
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 382,300.		

Form 990 (2013) J. WARREN AND LOIS 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)?		1.03	110
	If "Yes," complete Schedule A	1	x	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,			
	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			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	х	
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.		ŀ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	Part VI	11a	l.,	х
b	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	
C	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	11c		х
d	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	ł		
	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	ļ	х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		l	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		l	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		[۱
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ۔۔ ا		,
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ŀ	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	l	,
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ 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	40	ļ	x
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^- -
	in 100 to line 200, and the organization attach a copy of its addited inhancial statements to this return?		990	(2012)
				(という)

Form 990 (2013)

J. WARREN AND LOIS MCCLURE

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 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 Schedule J but the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any an excession to their than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization animal an escrow account other than a refunding escrow at any time during the year? 25e Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person una prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I "Yes," c				res	NO
22 Did the organization report more than \$5,000 of grants or 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 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 LS Schedule V II" "Yes," complete Schedule V II" "Yes," a complete Schedule V II" "Yes," complete Schedule V II" III III III III III III III III I					
column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22 Dd 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 I and to organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a. 24 b Dd the organization answer that you contain the second of the organization meanth an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25 b Dd the organization 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 26 b 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 organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization with a disqualified person in a prior year, and that the transaction with organization with a disqualified person in a prior year, and that the transaction with organization with a disqualified person in a prior year, and that the transaction with organization with a disqualified person in a prior year, and that the transaction with organization with transaction with organization with a disqu		·	21	х	
22 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 I, and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a. 24 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 bid the organization and so in obhalf of "issuer for bonds outstanding at any time during the year? 27 bid			22		x
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d 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 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-E27 If "Yes," complete Schedule L, Part I 25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26c 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 27c 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). 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A mentity of which a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M 29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30d Did the organization sell, exchange, dispose of,	ıd	the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 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 V 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 39 Note. All Form 990 filers are required to complete Schedule O	fa	amily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
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			20	х	
	U	Res Air onn 330 meis die requireu to complete Schedule O			(2013)

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	Check if Schedule O contains a response or note to any line in this Part V	_							
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
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)?	4a		Х					
b	If "Yes," enter the name of the foreign country.								
	See instructions for 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?	5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
		5c							
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 as charitable contributions?	6a		Х					
þ	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?								
7	D. M. C.								
	 a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 								
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
U	to file Form 8282?								
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0	7c		Х					
e	Tee, indicate the hardest of Forms SESE into during the year	7e		x					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x					
g		7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
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?	8		х					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter								
a									
þ	Gross income from other sources (Do not net amounts due or paid to other sources against								
40	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(20) qualified perpendit health incurance incures								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-							
đ	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

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 or note to any line in this Part VI Section 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 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 O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 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 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 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a х **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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 15a b Other officers or key employees of the organization 15b 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 Х 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 exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website ☐ Own website 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, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DEBRA D. ROONEY, VP FOR FINANCE AND CFO - 802-388-3355 3 COURT STREET, MIDDLEBURY, VT 05753

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

Check this box if neither the organization (A)	(B)	<u> </u>) C)		,out	(D)	(E)	(F)
Name and Title	Average	(40	Position (do not check more than on			Reportable	Reportable	Estimated		
	hours per	box	ox, unless person is both an fficer and a director/trustee)			s bot	h an	compensation	compensation	amount of
	week (list any	⊢		uau	II ecto	1/11/11/15	iee)	from the	from related	other
	hours for	Individual trustee or director				<u>.</u>		organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC)	,	organization
	organizations	al trus		Key employee	comp				and related	
	below line)	P P	Institutional trustee	Officer	y emp	phest	Former			organizations
(1) LOIS MCCLURE	2.00	Ĕ	Ë	₽	훏	主	હ			
PRESIDENT/TREASURER		x	l	х				0.	0.	0.
(2) BARBARA BENEDICT	2.00				 	┝				
VICE PRESIDENT		x		х	l			0.	0.	0.
(3) PETER ESPENSHADE	2.00	\vdash	\vdash		\vdash		_			
SECRETARY	48.00	х		х				0.	60,704.	6,935.
(4) WILLARD T. JACKSON	2.00									
DIRECTOR		х						0.	0.	0.
(5) ANNE MOOK	2.00									
DIRECTOR		х						0.	0.	0.
(6) DAVID G RAHR	2.00									
DIRECTOR		х			L			0.	0.	0.
(7) STUART COMSTOCK-GAY	2.00	1								
SECRETARY	48.00	х	<u> </u>	х	$ldsymbol{f eta}$	$ldsymbol{f eta}$		0.	182,103.	31,972.
			_		<u> </u>	$ldsymbol{f eta}$		<u>-</u>		
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Form 990 (2013) J. WARREN AND	LOIS MCCL	URE	PO	UND	ATI	ON			03-03451	.86		Pa	ige 8
Part VII Section A. Officers, Directors, Trus	T .	ploy	ees			ghe	st C			1			
、 (A) Name and title	(B) Average hours per week	box, offic	Position (do not check more than one box, unless person is both au officer and a director/trustee		h an	(D) Reportable compensation from	(E) Reportable compensation from related		Estir amo	(F) mateo ount co ther	of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fror fror orgar and i	n the nization relate	e on ed
						_	_			_			
							_						
						_						_	
		_											
1b Sub-total c Total from continuation sheets to Part V	II, Section A		l	L	l		>	0.	242,8	07.	 		907. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	oove	e) wł	no r	eceived more than \$100	242,8 0,000 of reportable			38,	907.
compensation from the organization											Y	es	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual			•	•	•				<u> </u> ;	3		х
 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	° co	mpl	ete S	Sche	edule	e J i	for such individual	_		4	х	
rendered to the organization? If "Yes," com Section B. Independent Contractors							Cial	ed organization of indiv	idual foi services		5		х
Complete this table for your five highest co the organization. Report compensation for	•									ensation	on fro	m	
(A) Name and business	address	NO	NE					(B) Description of s	services	Com	(C) npens		1
				-									
								_		=			
													_
			-										
2 Total number of independent contractors (-	ot li	mite	d to	tho	se li	stec	d above) who received r	nore than				
\$100,000 of compensation from the organi	zation 🕨					0					Q(00 /	2040

		12010		MCCLURE FOUND	ATION		03-0345186	Page 9
Pai	t VI							,
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
	•				Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
E al	b	Membership dues	1b					
And A	C	Fundraising events	1c					
<u>اة</u> ِ جَ	d	Related organizations	1d					
S.E	е	Government grants (contribut						
Contributions, Gifts, Grants and Other Similar Amounts	f	,,,,						
들		sımılar amounts not included abo		100,000.				
55	9		1a-1f \$		100 000			
0 8	h	Total. Add lines 1a-1f		>	100,000.			<u> </u>
	•			Business Code				
<u>ğ</u>	2 a			-				
Ser Ine	C							
E S	d			<u> </u>				<u></u>
Program Service Revenue	e							
ځة	f	All other program service reve	enue	· · · · · · · · · · · · · · · · · · ·				
i		Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ {	99,541.			99,541.
ŀ	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		▶				
ĺ			(ı) Real	(ii) Personal				
ľ	6 a	Gross rents						
	b	•						
	С	• • •	L					l
l		Net rental income or (loss)		▶				
l	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory	2,458,730.					
	D	Less cost or other basis	2,179,275.					
	_	and sales expenses Gain or (loss)	279,455.					
		Net gain or (loss)	2,7,200,		279,455.			279,455.
		Gross income from fundraisin	a events (not		2.0,000.			2,0,100.
Other Revenue	-	including \$						
9.6		contributions reported on line						:
E		Part IV, line 18	a					
Ĕ.	b	Less. direct expenses	b					
١	c	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
ł		Less. direct expenses	b					ļ
		Net income or (loss) from game	-					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
		Less. cost of goods sold	b					
}	<u>c</u>	Net income or (loss) from sale			· · · · · · · · · · · · · · · · · · ·			
}	44 -	Miscellaneous Revenu		Business Code				
	11 a							
	b			 				
	4	All other revenue		 		<u> </u>	-	
	A	Total. Add lines 11a-11d		<u> </u>				_
	12	Total revenue. See instructions.		· •	478,996.	0.	0.	378,996.
33200 10-29-								Form 990 (2013)

Form 990 (2013) J. WARREN AND LOIS M Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			·	
	organizations in the United States. See Part IV, line 21	382,300.	382,300.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·	
5	Compensation of current officers, directors,			-	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<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	98,286.		98,286.	
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	50,197.		50,197.	
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	11.		11.	
14	Information technology	95.		95.	
15	Royalties				
16	Occupancy				
17	Travel				<u>.</u> .
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 O.)				
а	PROFESSIONAL DEVELOPMEN	2,832.		2,832.	<u></u>
b	DUES	500.		500.	
c	BOARD EXPENSES	455.		455.	-
d					
	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	534,676.	382,300.	152,376.	0.
<u> 26</u>	Joint costs. Complete this line only if the organization			,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 95. 933 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 6,789,026. 7,518,028. 12 Investments - other securities. See Part IV, line 11 12 357,775. 389,757. 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 7,147,734. 7,907,880. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,094. 17 Accounts payable and accrued expenses 17 39,245, 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 40,339 57,416. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,107,395. 27 Unrestricted net assets 27 7,850,464. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 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, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 7,107,395. 7,850,464, 33 Total net assets or fund balances 7,147,734. 7,907,880. Total liabilities and net assets/fund balances 34

Form	1990 (2013) J. WARREN AND LOIS MCCLURE FOUNDATION	03-034	5186	Pa	ge 12			
Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	_						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		478	,996.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	·	534	,676.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-55	,680.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5		798	,749.			
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			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		•					
	column (B))	10		7,850	,464.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	ı	x			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis				Į			
b	Were the organization's financial statements audited by an independent accountant?		21:	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,						
	consolidated basis, or both:							
	Separate basis]					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	; x	ł			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
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	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							

Form **990** (2013)

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.

OMB No. 1545-0047

Inspection

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number J. WARREN AND LOIS MCCLURE FOUNDATION 03-0345186 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a X Type I **b** Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated ρX By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify the (vi) Is the (ii) EIN (iii) Type of organization (vii) Amount of monetary (i) Name of supported organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the above or IRC section aovernina document? (i) of your support? (see instructions)) Yes Yes Yes No Nο VERMONT COMMUNITY FOUNDATION 22-2712160 х х х 15,000.

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

Schedule A (Form 990 or 990-EZ) 2013

15,000.

Part II Support Schedule for	-					-
(Complete only if you checke			-	on failed to qualify	under Part III. If the	e organization
fails to qualify under the test	s listed below, ple	ase complete Part	III) 			
Section A. Public Support		_				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")		<u> </u>	ļ			
2 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf		ļ		ļ	1	
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3		 	ļ			
5 The portion of total contributions						
by each person (other than a		1				
governmental unit or publicly		İ				
supported organization) included		ł			1	
on line 1 that exceeds 2% of the				1		
amount shown on line 11, column (f)			ŀ			
• • • • • • • • • • • • • • • • • • • •			 		-	
6 Public support. Subtract line 5 from line 4 Section B. Total Support	1	<u>i</u>	ļ	1		
Calendar year (or fiscal year beginning in)	(a) 2000	(b) 2010	(-) 2011	(4) 2012	(=) 2012	(f) Total
7 Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8 Gross income from interest,		1		+		
dividends, payments received on			<u>'</u>			
securities loans, rents, royalties						
and income from similar sources		1				
Net income from unrelated business		†			<u> </u>	
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 instruc	tions)	•	•	12	-
13 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
organization, check this box and sto	p here			-		▶□
Section C. Computation of Pub	lic Support Po	ercentage				
14 Public support percentage for 2013	(line 6, column (f)	divided by line 11,	column (f))		14	%
15 Public support percentage from 201	2 Schedule A, Par	t II, line 14			15	%
16a 33 1/3% support test - 2013. If the	organization did r	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
stop here. The organization qualifies		· -				
b 33 1/3% support test - 2012. If the	organization did r	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
and stop here. The organization qua	ilifies as a nublicly	supported organiz	ration			

17a 10% -facts-and-circumstances test - 2013. 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 - 2012. 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

Schedule A (Form 990 or 990-EZ) 2013 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	etion A. Public Support	elow, please com	biete Fart II.j						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Gifts, grants, contributions, and	(=, = = =	(11/2010	(3/=3.1	(,	(3/23.5	(7.55		
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions.								
_	merchandise sold or services per-								
	formed, or facilities furnished in]							
	any activity that is related to the organization's tax-exempt purpose	1				i			
2							<u> </u>		
3	Gross receipts from activities that are not an unrelated trade or bus-	1							
	iness under section 513								
4	Tax revenues levied for the organ-	I							
	ization's benefit and either paid to	I					ļ		
	or expended on its behalf	ļ							
5	The value of services or facilities	I							
	furnished by a governmental unit to	I							
	the organization without charge		<u> </u>	ļ		<u> </u>			
6	Total. Add lines 1 through 5	<u> </u>							
7 <i>e</i>	Amounts included on lines 1, 2, and	I							
	3 received from disqualified persons	<u></u>					<u> </u>		
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	I					,		
	amount on line 13 for the year	I		•					
c	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)								
Sec	ction B. Total Support		•	•	•	•	·		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9	Amounts from line 6					, , , , , , , , ,			
10a	Gross income from interest,								
	dividends, payments received on	I			j				
	securities loans, rents, royalties and income from similar sources	I							
Ł	Unrelated business taxable income			······································	 	<u> </u>			
	(less section 511 taxes) from businesses	1							
	acquired after June 30, 1975								
	Add lines 10a and 10b			-					
	Net income from unrelated business						<u> </u>		
• •	activities not included in line 10b,				1				
	whether or not the business is								
12	regularly carried on Other income Do not include gain		 		 	-			
12	or loss from the sale of capital								
40	assets (Explain in Part IV.)				 	<u> </u>			
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organi	zation,		
500	check this box and stop here	io Support Do	roontogo		<u> </u>	•	<u> ▶∟_</u>		
	· · · · · · · · · · · · · · · · · · ·	• • •		(0)		1451			
	Public support percentage for 2013 (I	• • •		column (f))		15	<u>%</u>		
16	Public support percentage from 2012					16	<u>%</u>		
	ction D. Computation of Inves		_			14-1			
17									
18	Investment income percentage from 2	•				18	%		
198	33 1/3% support tests - 2013. If the	_					i / is not		
	more than 33 1/3%, check this box at		_				. ▶ □		
t	33 1/3% support tests - 2012. If the	-							
	line 18 is not more than 33 1/3%, che		=			-	▶⊨		
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see II	nstructions	▶└		

Schedule A (Form 990 or 990-EZ) 2013 J. WARREN AND LOIS MCCLURE FOUNDATION	03-0345186	Page 4
Schedule A (Form 990 or 990-EZ) 2013 J. WARREN AND LOIS MCCLURE FOUNDATION Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b, and Part III, lin	e 12.
Also complete this part for any additional information. (See instructions).	,, ·	
Association and additional information. See instructions,	<u>.</u> <u>.</u>	
•		
	•	
	 	
		
		
	-	
		

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

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

Name of organization			Em	ployer identification number
	AND LOIS MCCLURE FOUNDAT			03-0345186
Part I-A Complete if the org	janization is exempt un	der section 501(c	or is a section 527	organization.
1 Provide a description of the organiz2 Political expenditures3 Volunteer hours	zation's direct and indirect politi	cal campaign activities	s in Part IV. ▶	\$
Part I-B Complete if the org	janization is exempt un	der section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization un	der section 4955	>	\$
2 Enter the amount of any excise tax	incurred by organization manag	gers under section 495	i5 >	\$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV Part I-C Complete if the org	janization is exempt un	der section 501/o	V execut section E0:	(0)(2)
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
 Enter the amount directly expended Enter the amount of the filing organ 		•		Ф
exempt function activities	ization's funds contributed to o	die organizations for s	Section 321	e
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	L.	
line 17b				\$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en made payments For each organiza contributions received that were pro- political action committee (PAC). If	tion listed, enter the amount pa omptly and directly delivered to	ud from the filing organ a separate political or	nzation's funds. Also enter ganization, such as a sepa	the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
		-		
			- 	

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013	J. WARREN AND L	OIS MCCLURE FOUNDA	TION	03-034	5186 Page 2
Part II-A Complete if the org	anization is exc	empt under section	n 501(c)(3) and fil	ed Form 5768	1 age 2
(election under sec	tion 501(h)).	•			
A Check X if the filing organiza	tion belongs to an a	ffiliated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	e of excess lobbying	g expenditures).			
B Check 🕨 🔲 if the filing organiza	tion checked box A	and "limited control" pro	visions apply.		
Limit	ts on Lobbying Exp	enditures		(a) Filing	(b) Affiliated group
		ounts paid or incurred.)	1	organization's totals	totals
1a Total lobbying expenditures to influ	ience public opinior	(grass roots lobbying)			
b Total lobbying expenditures to influence	ience a legislative b	ody (direct lobbying)		-	48,198.
c Total lobbying expenditures (add li	nes 1a and 1b)				48,198.
d Other exempt purpose expenditure	es			534,676.	19,633,940.
e Total exempt purpose expenditure	s (add lines 1c and	1d)		534,676.	19,682,138.
f Lobbying nontaxable amount. Enter		he following table in bot	h columns.	105,201.	1,000,000.
If the amount on line 1e, column (a) o	r(b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,0	000 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000	0,000.			
		 .	-		
g Grassroots nontaxable amount (en	•			26,300.	250,000.
h Subtract line 1g from line 1a If zer	•			0.	0.
i Subtract line 1f from line 1c If zero	•			0.	0.
j If there is an amount other than ze		or line 11, did the organiza	ation file Form 4720	Г	¬
reporting section 4911 tax for this					Yes No
· · · · · · · · · · · · · · · · · · ·	ations that made a	veraging Period Under section 501(h) electior he instructions for line	do not have to comp		
	Lobbying Exp	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	860,591	992,325.	907,826.	1,000,000.	3,760,742.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					5,641,113.
c Total lobbying expenditures				48,198.	48,198.
d Grassroots nontaxable amount	215,148	248,081.	226,957.	250,000.	940,186.
e Grassroots ceiling amount					4 440 555
(150% of line 2d, column (e))					1,410,279.

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 J. WARREN AND LOIS MCCLURE FOUNDATION 03-0345186 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b)
	lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
đ	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1ı				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Par	Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	l "No," O	R (b) Par	i III-A, lir	ıe 3, is
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
_	expenses for which the section 527(f) tax was paid).	ou.			
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	229			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Parl					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	a liet): Part I	LA line 2: a	nd Port II B	line 1
	complete this part for any additional information	J 113t), 1 alt 1	177, IIIC 2, a	no ratiro	, iii e 1.
,	osinpos the part of any additional mornation				
				-	

Part IV | Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member

PERMANENT FUND FOR VERMONT'S CHILDREN

Employer ID Number 31-1802348

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

Electing Member YES

Limits on Lobbying Expenditu	ıres:		Line
Total lobbying expenditures to	ınfluence public opınıon (grassr	oots lobbying) 0 .	1a
Total lobbying expenditures to	influence a legislative body (dire	ect lobbying) 48,198.	ь
Total lobbying expenditures (ac	dd lines 1a and 1b)	48,198.	c
Other exempt purpose expend	tures	3,057,614.	d
Total exempt purpose expendit	tures (add lines 1c and 1d)	3,105,812.	e
Lobbying nontaxable amount. Enter the amount from the follo	wing table:		
If the amount on line e is	The lobbying nontaxable amount is		
•	20% of the amount on line 1e 100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000		
Over \$17,000,000	\$1,000,000	305,291.	f
Grassroots nontaxable amount	(enter 25% of line 1f)	76,323.	g
Subtract line 1g from line 1a (lin	nit to zero)	0.	h
Subtract line 1f from line 1c (lim	nit to zero)	0.	1
Member's share of excess lobb	ying expenditures	0.	

Part IV | Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member HIGH MEADOWS FUND, INC.

Employer ID Number 20-0288123

Affiliated Group Member Address 3 COURT STREET MIDDLEBURY, VT 05753

Electing Member NO

Limits on Lobbying Expenditu	ures:		Line
Total lobbying expenditures to	ınfluence public opinion (grassr	oots lobbying) 0.	1a
Total lobbying expenditures to	influence a legislative body (dire	ect lobbying) 0.	ь
Total lobbying expenditures (ac	dd lines 1a and 1b)	0.	С
Other exempt purpose expende	ntures	1,724,326.	d
Total exempt purpose expendit	tures (add lines 1c and 1d).	1,724,326.	e
Lobbying nontaxable amount. Enter the amount from the follo	wing table.		
If the amount on line e is	The lobbying nontaxable amount is		
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000	175,000 + 10% > 1,000,000		
Over \$17,000,000	\$1,000,000	236,216.	f
Grassroots nontaxable amount	(enter 25% of line 1f)	59,054.	g
Subtract line 1g from line 1a (lin	mit to zero)	0.	h
Subtract line 1f from line 1c (lim	nrt to zero)	0.	
Member's share of excess lobb	oying expenditures	0.	

Part IV | Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member

THE VERMONT COMMUNITY FOUNDATION

Employer ID Number 22-2712160

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

Electing Member YES

			т —
Limits on Lobbying Expenditu	ıres:		Line
Total lobbying expenditures to	ınfluence public opinion (grassr	oots lobbying) 0.	1a
Total lobbying expenditures to	ınfluence a legislative body (dıre	ect lobbying) 0.	b
Total lobbying expenditures (ac	dd lines 1a and 1b)	0.	С
Other exempt purpose expende	tures	14,317,324.	d
Total exempt purpose expendit	cures (add lines 1c and 1d)	14,317,324.	е
Lobbying nontaxable amount. Enter the amount from the follo	wing table		
If the amount on line e is:	The lobbying nontaxable amount is		
Not over \$500,000 > 500,000 <= 1,000,000	20% of the amount on line 1e 100,000 + 15% > 500,000		
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000		
> 1,500,000 <= 17,000,000 Over \$17,000,000	225,000 + 5% > 1,500,000 \$1,000,000	865,866.	f
Grassroots nontaxable amount	(enter 25% of line 1f)	216,467.	g
Subtract line 1g from line 1a (lin	nit to zero)	. 0.	h
Subtract line 1f from line 1c (lim	nit to zero)	. 0.	,
Member's share of excess lobb	ying expenditures	. 0.	

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MINDRY IN TAIR VARIETY BOIDS AND

Employer identification number

Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds or A	CCOL	nts Complete	-
1 4	organization answered "Yes" to Form 990, Part IV, line 6.	u3 01 /-	ıccou	rts.Complete	n trie
	(a) Donor advised funds	1 /	h) Euro	ds and other ac	ecounte
_		 '	D) Turic	us and other ac	Courts
1	Total number at end of year	-			
2	Aggregate contributions to (during year)	+			
3	Aggregate grants from (during year)	1			
4	Aggregate value at end of year	<u> </u>			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad	vised fun	ids		<u> </u>
_	are the organization's property, subject to the organization's exclusive legal control?			└── Yes	No No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can		•		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpo	se confei	ring		
D	impermissible private benefit?			Yes	No No
Pai		, 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)				
	Protection of natural habitat	ertified h	storic s	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a co	onserva	tion 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	,		2b		
С	Number of conservation easements on a certified historic structure included in (a)		2c		
d	, , , , , , , , , , , , , , , , , , , ,	cture			
	listed in the National Register		2d	··	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	the orgar	nization	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	of			
	violations, and enforcement of the conservation easements it holds?			└ Yes	S L No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	_	-		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements duri	-		·	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1	70(h)(4)(E	3)(i)		
_	and section 170(h)(4)(B)(i)?			└── Yes	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exper		•		•
	include, if applicable, the text of the footnote to the organization's financial statements that describe	es the or	ganızat	ion's accountin	ig for
Ба	conservation easements.	Other	Ciil	ar Assats	
Fai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other	SIIIIII	ar Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.				
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue star				
	historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of	public	service, provid	e, in Part XIII,
_	the text of the footnote to its financial statements that describes these items.	• • •			
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement of the control of the c				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public se	rvice, p	rovide the follo	wing amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1			<u> </u>	
_	(ii) Assets included in Form 990, Part X	٠.		š	
2	If the organization received or held works of art, historical treasures, or other similar assets for finan-	cial gain,	provide	е	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.				
a	• • • • • • • • • • • • • • • • • • • •			<u> </u>	
b	Assets included in Form 990, Part X		▶ \$	S	

Sche	dule D (Form 990) 2013 J. WARREN A	ND LOIS MCCLURE	FOUNDATION			03-0345	L86	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Sim	lar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significan	t use of its	collection	items
	(check all that apply).							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	U Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further tl	ne organization's exe	empt purp	oose in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or other simila	ar assets	_	-	
	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" to	Form 99	0, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included	_ t	٦,	 1
	on Form 990, Part X?						」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		_			
							Amount	
	Beginning balance				1c	1		
	Additions during the year				1d	 		
е	Distributions during the year			•	1e	1		
f	Ending balance			-	1f		1	
	Did the organization include an amount on Fo			· <u>·</u>		L	Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII.							
Гаі	t V Endowment Funds. Complete if	· · · · · ·			1	vooro book	() Four	
	Designation of warm belowed	(a) Current year	(b) Prior year	(c) Two years back		years back	'	years back
1a	Beginning of year balance	7,107,395.	6,784,004.	7,282,164.	,	791,037.	٠,	626,648.
D	Contributions	1,177,745.	100,000. 820,539.	26,349.		949,378.	1	607,392.
C	Net investment earnings, gains, and losses	382,300.	450,613.	378,000.		325,500.		312,130.
•	Grants or scholarships	302,300.	430,013.	370,000.		323,300.		312,130.
e	Other expenditures for facilities and programs			76.				
	Administrative expenses	152,376.	146,535.	146,433.	<u> </u>	132,751.		130,873.
	End of year balance	7,850,464.	7,107,395.	6,784,004.		282,164.		791,037.
9 2	Provide the estimated percentage of the curr				<u> </u>		٠,	
a	Board designated or quasi-endowment	100.00	e (iine 19, column (a %	y) Held as.				
h	Permanent endowment	%						
c	Temporarily restricted endowment							
_	The percentages in lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organ	ization		
	by.	J			J		Γ	Yes No
	(i) unrelated organizations						3a(i)	х
	(ii) related organizations			•			3a(ii)	х
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b	х
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	ent.	-				2.000	
	Complete if the organization answered	1 "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or of basis (investm	1 ' '	. 1	Accumula epreciatio	i i	(d) Book	value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Total	. Add lines 1a through 1e, (Column (d) must en	qual Form 990, Part	X, column (B), line 1	0(c).)				0.

Part VII Investments - Other Securities.		441.0	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12 (c) Method of valuation, Cost o	r end-of-vear market value
(1) Financial derivatives	(b) Dook value	(c) Method of Valdation, Cost o	end-or-year market value
(2) Closely-held equity interests			
(3) Other			
(A) VT COMM FOUND POOLED SECURITIES	7,518,028	. END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			<u> </u>
(F)			
(G)			
(H)	7 510 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	7,518,028	·I	
	t- F 000 Dt IV I	44- C F 000 P-+ V I 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)	(2) 20011 14.100	(5, 1100, 100, 100, 100, 100, 100, 100, 1	
(2)		1	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	to Form 000 Dort IV Ima	and Con Form 000 Dort V line 15	
Complete if the organization answered "Yes" (a) [Description	Titu. See Form 990, Fart X, line 15.	(b) Book value
(1)			(b) Book value
(2)			
(3)			
(4)		-	
(5)			
(6)			
(7)			
(8)			
(9)		<u></u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u> </u>
Part X Other Liabilities.		44445 O F 000 B-4 V I	. 05
Complete if the organization answered "Yes" to a limit (a) Description of liability	to Form 990, Part IV, line	(b) Book value	e 25.
· · · · · · · · · · · · · · · · · · ·		(b) Book value	
(1) Federal income taxes (2)			
(3)	-		
(4)			
(5)	-		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)▶		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2013 J. WARREN AND LOIS MCCLURE FOUNDATION		03-0345186	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			_
а	investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1:	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
b	_	2b		
c		2c		
d		2d		
e		. (2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b		4b		
c		[10]	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F	Part IV lines 1h and 2h	Part V line 4: Part Y line 2: Part Y	
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any		, r art v, mic 4, r art X, mic 2, r art X	.,
	20 and 45, and 1 are Mi, into 20 and 45.7 150 complete tine part to provide any t	additional information		
PAR'	r V, LINE 4:			
	,		-	
EXP:	LANATION: ENDOWMENT FUNDS ARE DESIGNATED AND INTENDED FOR USE	IN THE		
PIIR'	THERANCE OF THE FOUNDATION'S EXEMPT PURPOSE.			
-				
			 	-
-				-
•				
-				
•				-
-				

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

Name of the organization

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

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

Open to Public OMB No 1545-0047 Inspection Employer identification number

Information about Schedule I (Form 990) and its instructions is at www.irs.nov/form990.

	J. WARREN AND LOIS MCCLURE FOUNDATION	FOUNDATION					03-0345186	36
Part General Information on Grants and Assistance	ind Assistance							
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to award the grants or assistance?	stance?						X Yes	<u>2</u>
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the United	d States				
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 and	l Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, 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 additive	onal space is need	led.	2. 5. 11. 14. 07			
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	(1) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	rant
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				C				
MONTPELLER, VT USBUI	03-0213/8/	MUNICIPAL	101,800.	•			GEN SUFFURT	
THE TUTORIAL CENTER								
208 PLEASENT STREET								
BENNINGTON, VT 05201	03-0233583	501(C)(3)	30,000.	0.			GEN SUPPORT	
VERMONT JOURNALISM TRUST 97 STATE STREET								
MONTPELIER, VT 05602	27-1553931	501(C)(3)	15,000.	0			GEN SUPPORT	
VERMONT STATE COLLEGES								

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

GEN SUPPORT

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MUNICIPAL

VT 05601

MONTPELIER,

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Schedule I (Form 990) J. WARREN AND LOIS MCCLURE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	LOIS MCCLURE	FOUNDATION vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		03-0345186 Page 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
VERMONT COMMUNITY FOUNDATION 3 COURT STREET MIDDLEBURY, VT 05753	22-2712160	501(C)(3)	15,000.	0.			GEN SUPPORT
SPECTRUM YOUTH AND FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	25,000.	0.			GEN SUPPORT
VERMONT FOODBANK, INC. 33 PARKER ROAD BARRE, VT 05641	22-3021942	501(C)(3)	10,000.	.0			GEN SUPPORT
FRANKLIN CENTRAL SUPERVISORY UNION 28 CATHERINE STREET ST. ALBANS, VT 05478	03-0275991	MUNICIPAL	40,000.	0.			GEN SUPPORT
						:	Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

Internal Revenue Service

Name of the organization

Department of the Treasury

J. WARREN AND LOIS MCCLURE FOUNDATION

Employer identification number

OMB No 1545-0047

03-0345186

F	art i Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided a	any of the following to or for a person listed in Form 990,			-
	Part VII, Section A, line 1a. Complete Part III to provide any	relevant information regarding these items			Ī
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	İ		
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
þ	If any of the boxes on line 1a are checked, did the organizat				
_	reimbursement or provision of all of the expenses described	•	1b	\vdash	<u> </u>
2	Did the organization require substantiation prior to reimburs				
	trustees, and officers, including the CEO/Executive Director,	, regarding the items checked in line 1a?	2	$\vdash \vdash$	<u> </u>
3	Indicate which if any of the following the filing organization	used to establish the componentian of the eventuation's			
J	Indicate which, if any, of the following the filing organization	·			
	CEO/Executive Director Check all that apply Do not check establish compensation of the CEO/Executive Director, but or				
	Compensation committee	Written employment contract			
	Independent compensation consultant	- Companion out of or other			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII,	Section A, line 1a, with respect to the filing			
	organization or a related organization.				
а	Receive a severance payment or change-of-control payment	1?	4a		х
b	Participate in, or receive payment from, a supplemental non-	qualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based con	mpensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must c				
5	For persons listed in Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue any compensation			
	contingent on the revenues of.				•
	The organization?		5a	L	х
b	Any related organization?		5b	ļ	х
	If "Yes" to line 5a or 5b, describe in Part III.		1		
6	For persons listed in Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue any compensation			
	contingent on the net earnings of.				
а	The organization?		_6a		Х
b			6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, d	lid the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III		7		Х
8	Were any amounts reported in Form 990, Part VII, paid or ac				
	ınıtıal contract exception described in Regulations section 5	3.4958-4(a)(3)? If "Yes," describe in Part III	8	igsqcup	х
9	If "Yes" to line 8, did the organization also follow the rebutta	ble presumption procedure described in		1	
	Regulations section 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2013

03-0345186

Page 2

J. WARREN AND LOIS MCCLURE FOUNDATION

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(ı)(a)	reported as deferred in prior Form 990
(1) STUART COMSTOCK-GAY	€	0	0	0.	0	0	0	0
SECRETARY	: E	174,103.	0	8,000.	13,580.	18,392,	214,075.	0
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332112							Schedu	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 J. WARREN AND LOIS MCCLURE FOUNDATION	03-0345186 Page 3	٠,
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.	
		1
		1
		1
332113 09-13-13	Schedule J (Form 990) 2013	, m

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Inspection

OMB No 1545-0047

Name of the organization **Employer identification number** J. WARREN AND LOIS MCCLURE FOUNDATION 03-0345186 FORM 990, PART VI, SECTION A, LINE 2: EXPLANATION: LOIS MCCLURE AND BARBARA BENEDICT ARE MOTHER AND DAUGHTER. FORM 990, PART VI, SECTION A, LINE 3: EXPLANATION: THE VERMONT COMMUNITY FOUNDATION PERFORMS CUSTOMARY MANAGEMENT DUTIES ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: 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: EXPLANATION: 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: EXPLANATION: THE FOUNDATION DOES NOT CURRENTLY HAVE POLICIES REGARDING COMPENSATION, AS NO INDIVIDUAL IS COMPENSATED BY THE FOUNDATION. FORM 990, PART VI, SECTION C, LINE 18: EXPLANATION: 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: EXPLANATION: THE FOUNDATION HAS NO FORMAL POLICY SURROUNDING THE PUBLIC

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization J. WARREN AND LOIS MCCLURE FOUNDATION	Employer identification number 03-0345186
AVAILABILITY OF ITS GOVERNING DOCUMENTS, NOR HAS IT EVER RECEIVED A REQUEST	
FOR SUCH DOCUMENTS. AS THE FOUNDATION IS PART OF A CONSOLIDATED SET OF	
FINANCIAL STATEMENTS, NO STAND ALONE FINANCIAL STATEMENTS EXIST. THE	
CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT	
www.vermontcf.org.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ See separate instructions. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

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

Employer identification number 03-0345186 Direct controlling entity End-of-year assets e Total income ூ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity J. WARREN AND LOIS MCCLURE FOUNDATION Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

Identification of Related Tax-Exempt Organizations Complete if the organizations during the tax year.	anizations Complete if the organization ar	organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one o	or more related tax-exen	npt		Ì
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) siled sy?	
				501(c)(3))		Yes	2	
VERMONT COMMUNITY FOUNDATION - 22-2712160								
3 COURT STREET								
MIDDLEBURY, VT 05753	SUPPORTED ORGANIZATION	VERMONT	501(C)(3)	7	N/A		×	
								•

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

1

Schedule R (Form 990) 2013

Page 2

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Schedule R (Form 990) 2013 J. WARREN AND LOIS MCCLURE FOUNDATION

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

b	4 3	• •
General or Percentage managing ownership Persono Persono Ves No	(1) Section Section (2) Controlled entity?	Schedule R (Form 990) 2013
General or F managing partner?	d one or mor	R (Form
Code V-UBI amount in box 120 of Schedule K-1 (Form 1065)	Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related (c) (d) (e) (f) (f) (g) (h) Section (state or controlling (C corp., S corp., foreign country) (C corp., S corp., or trust)	Schedule
cortionate trons?	at t in e 34 t	
	990, Part IV, I	
(g) Share of end-of-year assets	m 990,	
R S & S	" on For	
) of total	ered "Yes" on For (e) Type of entity (C corp, S corp, or trust)	
Share of total income	n answe	
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	e organization ans: (d) Direct controlling entity	
Predomina (related, excluded fre sections	complete if the	
(d) Direct controlling entity		
Direct	corporation or tax year. (b) Primary activity	
Legal domicile (state or foreign country)	Identification of Related Organizations Taxable as a Corporation or organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN Primary activit of related organization	
ctivity	raxable rust dum	
(b) Primary activity	tion or t	
	Organia corpora	
	ication of Related Organzations treated as a corporations treated as a corporation (a) Name, address, and EIN of related organization	
ricess, and organizati	ation of nons tree	
(a) Name, address, and EIN of related organization	dentific:	
Na Na Na Na Na Na Na Na Na Na Na Na Na N	Part IV	332162 09-12-13
		337

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

				ļ;	\vdash
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 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?	s with one or more re	elated organizations listed	in Parts II:V?	Tes	2
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)				tb x	
c Gift, grant, or capital contribution from related organization(s)				1c	x
d Loans or loan guarantees to or for related organization(s)				PL	×
 Loans or loan guarantees by related organization(s) 				16	×
					_
f Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				19	×
				ŧ	×
i Exchange of assets with related organization(s)				i=	×
j Lease of facilities, equipment, or other assets to related organization(s)				<u>-</u>	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
i Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			\vdash	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Æ	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			ŧ	×
 Sharing of paid employees with related organization(s) 				9	×
 P Reimbursement paid to related organization(s) for expenses 				0	×
				1	×
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 w	who must complete the	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.		1
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	rolved	
(1) VERMONT COMMUNITY POUNDATION	В	15,000.	САЅН		
(2) VERMONT COMMUNITY POUNDATION	W	98,286.CASH	САЅН		
(3)					
(4)					
(5)					
(9)					
132163 09-12-13			Schedule F	Schedule R (Form 990) 2013	0) 2013

Schedule R (Form 990) 2013 J. WARREN AND LOIS MCCLURE FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on 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 partnerships.

(k) Percentage ownership					
(j) General or managing partner? Yes NO			 		
Gene part			 		
Code V-UBI General or Percentage amount in box 20 partner? ownership (Form 1065) yes No					
Orsproportonate allocations?	-				
Olspr dalloca Yes					
(g) Share of end-of-year assets					
(f) Share of total					
Are all Are all Solic)(3) orgs?					
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)			:		
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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j

Schedule R (Form 990) 2013

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Schedule F	R (Form 990) 2013		LOIS MCCLURE FO	UNDATION		03-0345186	Page 5
Part VII	Supplemental I	nformation					
	Provide additional in	formation for responses	to questions on Sche	dule R (see instructions	s)		-
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Schedule R (Form 990) 2013