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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

Open to Public

Department of the Treasury

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

Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection For the 2013 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number PERMANENT FUND FOR VERMONT'S Address change CHILDREN, INC. Name change 31-1802348 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 Amended G Gross receipts \$ 3,360,804, 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. DERRICK DAVIS for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW. PERMANENTFUND. ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 2000 M State of legal domicile: VT Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTING HEALTHY, HAPPY Activities & Governance CHILDREN AND FAMILIES IN VERMONT THROUGH THE SUPPORT AND FUNDING OF Check this box I 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) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2013 (Part V, line 2a)-5 6 7 Total number of volunteers (estimate if necessary) 6 MOV & & ROW 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T. line 34 0. Prior Year **Current Year** 1,444,465 2,796,040. Contributions and grants (Part VIII, line 1h) Revenue 0 0. Program service revenue (Part VIII, line 2g) 42.528 83 585. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,486,993 2,879,625. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 296,420 1,389,682. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0, 14 Benefits paid to or for members (Part IX, column (A), line 4) 44 840 293,724, 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12 000. 16a Professional fundraising fees (Part IX, column (A), line 11e) 24,345. **b** Total fundraising expenses (Part IX, column (D), line 25) 987,736 1,410,407. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,328,996 3,105,813. <226,188. 157,997 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 2,460,925 2,821,504. Total assets (Part X, line 16) Total liabilities (Part X, line 26) 67,828 481 944. 21 2,393,097 Net assets or fund balances Subtract line 21 from line 20 2,339,560. Part II | 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 Date Print/Type preparer's name Preparer's Signature ٩ ₀.Paid MARY KAY CURTISS P10551484 Preparer BLUM, SHAPIRO & COMPANY, P.C., CPA'S 06-1009205 Firm's name Firm's EIN **Use** Only 29 S. MAIN STREET, P.O. BOX 272000

Nο

X Yes

Phone no.860-561-4000

WEST HARTFORD, CT 06127-2000

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

Other program services (Describe in Schedule O.) including grants of \$) (Revenue \$ 2,810,351. Total program service expenses ▶ 4e

Form 990 (2013) CHILDREN, INC. Part IV Checklist of Required Schedules

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
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		x
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	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined ın 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	<u> </u>	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	x	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	_
• •	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	L	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			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		x
.	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	-	
b	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	L	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			
	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			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	٠		
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	<u>x</u> _
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	\vdash	-
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2013)

	• *	PERMANENT FUND FOR VERMONT'S , ,	•		•
	990 (2013)	CHILDREN, INC.	31-1802348	F	age 4
Pa	t IV Checkli	st of Required Schedules (continued)			
				Yes	No
21	Did the organiza	tion report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on f	Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	İ
22	Did the organiza	tion report more than \$5,000 of grants or other assistance to individuals in the United States of	on Part IX,		
	column (A), line 2	2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organiza	tion answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization	's current		
	and former office	ers, directors, trustees, key employees, and highest compensated employees? If "Yes," comp	lete		
	Schedule J		23	х	
24a	Did the organiza	tion have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00	00 as of the		
	last day of the ye	ear, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and con	nplete		
	Schedule K. If "I	No", go to line 25a	24a	1	х
b	Did the organiza	tion invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24t		
С	Did the organiza	tion maintain an escrow account other than a refunding escrow at any time during the year to	defease		
	any tax-exempt l	bonds? .	240	;	
d	Did the organiza	tion act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	1	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction v	vith a		
	disqualified pers	on during the year? If "Yes," complete Schedule L, Part I	258	<u> </u>	Х
b	Is the organization	on aware that it engaged in an excess benefit transaction with a disqualified person in a prior y	ear, and		1
	that the transact	tion has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," co	mplete		
	Schedule L, Pari	t <i>I</i>	. 25t	<u> </u>	х
26	Did the organiza	tion report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curren	nt or		
	former officers, of	directors, trustees, key employees, highest compensated employees, or disqualified persons?	If so,		1
	complete Sched	ule L, Part II	26		Х
27	•	tion provide a grant or other assistance to an officer, director, trustee, key employee, substant	1		1
		nployee thereof, a grant selection committee member, or to a 35% controlled entity or family n			
	= =	persons? If "Yes," complete Schedule L, Part III	27	-	X
28	-	ation a party to a business transaction with one of the following parties (see Schedule L, Part I	.V		
		applicable filing thresholds, conditions, and exceptions):			l
а		ner officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	288		X
b	•	r of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule		1	X
С	•	ch a current or former officer, director, trustee, or key employee (or a family member thereof) w	•		
		, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		X
29	Ŭ	tion receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	+	X
30	•	tion receive contributions of art, historical treasures, or other similar assets, or qualified conse	rvation	1	_v

- contributions? If "Yes." complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
- Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

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35a

35b

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Form 990 (2013) CHILDREN, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance 31-1802348

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 1a 15 15 16 16 16 16 16 16		Check if Schedule O contains a response or note to any line in this Part V			
18 Enter the number reported in Box 3 of Form 1096. Enter 0-1 not applicable Enter the number of Forms WaS alnotable of in in a E. Inter. 0-1 not applicable Define the organization comply with beckup withholding rules for reportable payments to vendors and reportable gaming (gambling) without provided to the calendary sear ending with the organization reportable payments to vendors and reportable gaming (gambling) without payments of the payments of the payments of the payments of the calendary sear ending with or within the year overed by this return. 10 If I all east one is reported on line 2a, did the organization file all required federal employment tax returns? 10 If all east one is reported on line 2a, did the organization file all required federal employment tax returns? 10 If all east one is reported on line 2a, did the organization file all required federal employment tax returns? 10 If all east one is reported on line 2a, did the organization file all required federal employment tax returns? 11 If all east one is reported on line 2a, did the organization file all required federal employment tax returns? 12 If all east of the completion of the payment tax returns? 13 If all east of the completion of the payment tax returns? 14 If all east of the completion of the payment tax returns? 15 If all east file all		, , , , , , , , , , , , , , , , , , ,	-	Van	<u> </u>
b Enter the number of Forms W-26 included in line 1a. Enter O-f not applicable Did the organization comply with backing withfolding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winnings. 2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions) 3b Id the organization have unrelated business gross incorne of \$1,000 or more during the year? 3c If If 'Yes,' and a fife of Form 900 To fir this year If 'No, * for line 80, more during the year? 3d A rany 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) 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization aclied any contributions that were not tax deductible a charitable contributions? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization aclied with every account or the value of the goods or services provided? 5d Did the organization native deductible contributions an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization services a payment in excess of \$15 made party as a contribution of party 100, and 100, and 100, and	10	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable.		res	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with environists prize with environists of the complex expected on Form W3, Transmittal of Wages and Tax Statements, filed for the calendar year ending with or within the year covered by this return If the the number of employees reported on Form W3, Transmittal of Wages and Tax Statements, filed for the calendar year ending with or within the year covered by this return If the sum of inas 1a and 2 as greater than 250, you may be resigned to e-file (see instructions) 3a					
gambing) wrinings to prize winners? a First the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b If we will be seen and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b If "Yes," set if filed a Form 990-071 for this year? If "No," to line 3p, provide an explanation in Schedule O 5b If "Yes," enter the name of the foreign country (which is a bank account, securities account; or other financial account; 2 decided in the foreign country (which is a bank account, or other financial account; 2 decided in the foreign country (which is a bank account, or other financial account; 2 decided in "Yes," to line 5a or 5b, did the organization that it was or all a party to a prohibited tax shelter fransaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or all a party to a prohibited tax shelter fransaction at any time during the tax year? 5c Dod any taxable party nortify the organization that it was or all a party to a prohibited tax shelter fransaction at any contributions that were not tax deductables? 6c Dod the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductables as charatable contributions. 6c Dod the organization shall many receive deductible contributions under section 170(c). 9c Dod any taxabile party nortify the donor of the value of the goods or services provided? 9c Dod the organization shall many receive deductible contributions under section 170(c). 9c Dod the organization received a contribution of cars, boats, arplaines, or other vehicle, did the organization received and contribution of under					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this ratum if if at least one's reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, *has it filed a Form 990-Ti for this year? if *No,* *to line 3b, provide an explanation in Schedule O 3b If Yes, *has it filed a Form 990-Ti for this year? if *No,* *to line 3b, provide an explanation in Schedule O 3b A At any time during the calendar year, did the organization have an interest in, or a signature or their authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes,* *to line 3count in a foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, *to line 3count in a foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax shelter transaction? 5c If Yes, *to line 3count in a party to a prohibited tax she	Ū		10	x	
teled for the calendary year ending with or within the year covered by this return b if all least one is reported on line 2a, did the organization (if eal required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 'I'ves,' has if filed a Form 990-17 for this year? I'vs,' to file an 3p, provide an explanation in Schedule O 3b I'ves,' enter the name of the foreign country the 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 shetler transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shetler transaction at any time during the tax year? 5b U'ves,' enter the name of the organization that it was or is a party to a prohibited tax shetler transaction? 5c U'ves,' for 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? 7c 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? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' indicate the number of Forms 8282 filed during the year organization and party for goods and services provided to the payor? 7b I'ves,' indicate the number of Forms 8282 filed during the year organization file for the section 500(a) year year year year year year year year	2a		-10		
b fal least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a X 3b 1" **Yes,** has it filed a Form 90-01 for this year? If **No*, 10 line 3b, provide an explanation in Schadule 0 3b At any time during the celendary 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)? 4e X 4e X 5e 1f *Yes,** has it filed a Form 90-01 for this year? If **No*, 10 line 3b, provide an explanation in Schadule 0 5e 1f *Yes,** there the name of the foreign country (such as a bank account, securities account, or other financial account)? 5e 1f *Yes,** there the name of the foreign country \$\infty\$ 5e 1f *Yes,** the filed a foreign country \$\infty\$ 5e 1f *Yes,** the filed and properties of Form 1D F 90/22.1, Report of Foreign Bank and Financial Accounts 5e X 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e X 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e X 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e X 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e X 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e X 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e 1f *Yes,** the filed and properties of Foreign Bank and Financial Accounts 5e 1f *Yes,** the filed and properties of the filed and pro					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 bit the organization have unrelated business gross income of \$1,000 or more during the year? 40 At any time during the celendar 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, or other financial account)? 40 bit 'Yes,' the art file a form group country; level as a bank account, so other financial account)? 51 bit 'Yes,' the there is no the foreign country; level as a bank account, so other financial account; or other financial account; or other financial accounts. 52 bit 'Yes,' to line fax of 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 52 bit 'Yes,' to line fax of 5b, did the organization in fer form 889617 53 bit 'Yes,' to line fax of 5b, did the organization in fer form 889617 54 bit 'Yes,' to line fax of 5b, did the organization in fer form 889617 55 city 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 charatable contributions? 55 city organization and the form account of the value of the group organization and party for goods and services provided to the payor? 56 city organization and the form or fire value of the goods or services provided? 56 city organization and the form or fire value of the goods or services provided? 57 city organization and the form organization and party is a contribution and party for goods and services provided to the payor? 57 city organization and the form organization and party for goods and services provided to the payor? 58 city organization and the form organization and party organizatio	b		2h	x	
3a Dd the organization have urrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 990-T for this year? if "No," to line 30, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 5b if "Yes," enter the name of the foreign country; ≥ See instructions for fining requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization have amount of tax shelter transaction of the tax year? 5a Was the organization have amount gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b if "Yes," to line 5a or 5b, did the organization in febrom 808-17 6b organization start was amount gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b organizations that may receive deductible contributions under section 170(b). 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? 7c bif "Yes," did the organization notity the donor of the value of the goods or services provided? 7c bif the organization receive a payment in excess of \$75 made partly as a contribution of aprily partly as a contribution of any better than \$100 and partly for goods and services provided to the payor? 7c bif "Yes," indicate the number of Forms 8282 filed during the year 1b of the organization received a contribution of qualified riteletical property, did the organization file form 8890 as required?	_				
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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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b 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 13b Lab Lab Lab Lab Lab Lab Lab L	•	•			
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions in the section 501(c)(12) organizations. Enter a Gross income from members or shareholders Initiation fees and capital contributions from the same organization filing form sources against amounts due or part viii in the same organization filing form 990 in lieu of Form 1041? Initiation fees and capital f	8		_		
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b 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 13a Liab Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
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Note. See the instructions for additional information the organization must report on Schedule O. b 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 13b 13c 14a X			13a		
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X	b				
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Sac	Check if Schedule O contains a response or note to any line in this Part VI			X
<u> </u>	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		l
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			1
_	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	l .	l	
_	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6		Х
7a		l _		
	more members of the governing body?	7a	 	X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		١,,
_	persons other than the governing body?	7b	 	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a L	· · ·	8a	X	
ь		8b	┝┷	╁
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>	<u> </u>	Α_
<u> </u>	tion b. I oncies (mis section b requests information about policies not required by the internal nevertide code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	X	NO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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	х	
b		1.10		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	i
b		12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u> </u>		
	ın Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	İ
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?			1
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
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		x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
b		16b		
b	exempt status with respect to such arrangements?			
	exempt status with respect to such arrangements? tion C. Disclosure			
Sec	tion C. Disclosure	avaılat	ole	
Sec.	List the states with which a copy of this Form 990 is required to be filed NONE	avaılat	ole	
Sec.	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s).	avaılat	ole	
Sec.	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of public inspection. Indicate how you made these available. Check all that apply.			
Sec 17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
Sec 17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finai	ncial	

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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.

(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	1 than is bot	one	Reportable	Reportable	Estimated
	hours per week	offi	cer ar	nd a d	rson	or/trus	n an itee)	compensation from	compensation from related	amount of other
	(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)	compensation from the organization and related organizations
(1) DERRICK DAVIS	4.00		ļ		ľ					
PRESIDENT		Х		Х				0.	0.	0
(2) TOM MACLEAY	4.00		l		İ					
TREASURER		X		X	<u> </u>			0.	0.	0
(3) TOM JOHNSON	4.00				ĺ					
VICE PRESIDENT		Х		Х	L	<u> </u>		0.	0.	0
(4) DAVID RAHR	2.00]								
DIRECTOR		Х						0.	0.	0
(5) CHERYL MITCHELL	2.00					İ				
DIRECTOR		Х		1		<u> </u>		10,750.	0.	0
(6) CORNELIUS HOGAN	2.00]								
DIRECTOR		х						0.	0.	0
(7) STUART COMSTOCK-GAY	2.00]								
SECRETARY	48.00	x		х				0.	182,103.	31,972
(8) ARTHUR SCHMIDT	2.00									·
DIRECTOR		X						0.	0.	0
		Ţ								
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1.7.20										
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Form	990 (2013) CHILDREN, INC	c								31-180234	18	F	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) . Name and title	(B) Average hours per week (list any	(do box offi	not c	Pos check ess pe nd a d	c) Ition more Irson	1 than is bo	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	í	(F) Estimat amount othe	t of r
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	oi a	mpens from th rganiza .nd rela ganizat	ne ition ited
					L			-	1		_		
							_	_			_		·
					<u> </u>		_						_
							L.					<u></u>	_
	•												
	Sub-total		<u> </u>	<u>. </u>	1	I	1		10,750.	182,10	3.	31	,972.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)				_			<u> </u>	10,750.	182,10		31	0. ,972.
	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed al	bov	e) w	ho r	received more than \$100	0,000 of reportable			
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omn	enes	atıor	n an	d at	ther compensation from	the organization	3	+	x
_	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	le J	for such individual		4	х	<u> </u>
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							reiai	ted organization or indiv	Idual for services	5		х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors t	that received more than	\$100,000 of compe	nsation	from	
	the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or v	vithii		year.			
	(A) Name and business	address	ио	NE					(B) Description of s	services		(C) ensatio	on
													_
													_
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot l	mrte	d to	tho	se li 0	sted	d above) who received n	nore than			
												000	(0040)

Pai	τ VII	→						
	•	Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 1	1,482,075. 1,313,965. Business Code	2,796,040.			
Progr R	e f g	All other program service reverses Total. Add lines 2a-2f		>				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		▶	21,889.			21,889.
	c	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses	(i) Securities 542,875.					
е	d	Gain or (loss) Net gain or (loss) Gross income from fundraisir	61,696.		61,696.			61,696.
Other Revenue	h	including \$ contributions reported on line Part IV, line 18 Less' direct expenses						
Ō	с 9 а	Net income or (loss) from fun Gross income from gaming a Part IV, line 19 Less direct expenses	draising events	>				
	c 10 a b	Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	ning activities . returns a	>	, ,,,,,,			
	11 a b	Miscellaneous Reveni	ne	Business Code				
	c d e 12				2,879,625.	. 0.	0.	83,585.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX Х (**D)** Fundraising expenses (A)
Total expenses (C) Management and Do not include amounts reported on lines 6b. Program service 7b, 8b, 9b, and 10b of Part VIII expenses general expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 1,389,682 1,389,682 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 Benefits paid to or for members Compensation of current officers, directors, 10,750 10,750 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 219,309 137,602 7 72,314 9.393. Other salaries and wages Pension plan accruals and contributions (include 4,108 2,139 section 401(k) and 403(b) employer contributions) 6,533 286. 36,218 23,801 11,518 899. Other employee benefits 9 20,914, 13,622 6,412. 880. 10 Payroll taxes Fees for services (non-employees): 11 95,450 95,450 a Management Legal Accounting 54,198 54,198 d Lobbying 12,000, Professional fundraising services. See Part IV, line 17 12,000. 11,045 11,045 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 903,183 867,781 column (A) amount, list line 11g expenses on Sch O.) 35,402 14,141, 14,141 12 Advertising and promotion 10,113. 4,892 4,775. 446. Office expenses 13 83,180. 81,894, 1,160. 126. 14 Information technology 15 Rovalties 16 Occupancy 61,181, 56,047 4,819 315. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 69,557 64,723 4.834 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 390 390 22 Depreciation, depletion, and amortization 2.035 2,035 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 71,113. INCENTIVES 71,113 EARLY CHILDHOOD MATERIA 27,131. 27,131. PROFESSIONAL DEVELOPMEN 5,858. 1,175. 4,683 C PRINTING AND PUB-NOT AD 1.767. 1,767 65 65 All other expenses 3,105,813. 2,810,351. Total functional expenses. Add lines 1 through 24e 271,117. 24,345. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. rf following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 752,087 901,318. Cash - non-interest-bearing 1 40.748. 40,748. 2 Savings and temporary cash investments 2 85,000. 100,100. 3 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 7 Notes and loans receivable, net 7 Inventories for sale or use 8 6,875. 1,762. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 2,873. basis. Complete Part VI of Schedule D 10a 2,450. 813. 423. b Less. accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 1,499,222 1,691,535. 12 Investments - other securities, See Part IV, line 11 12 76,180. 85,618, 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 2,460,925 2,821,504. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 67,828. 105,944. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 376,000. 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 Unsecured notes and loans payable to unrelated third parties 24 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 67,828. 481,944. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 2,393,097. 27 2,339,560. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 2,393,097, 2,339,560. 33 Total net assets or fund balances 33 2,821,504. 2,460,925. Total liabilities and net assets/fund balances 34

Form	990 (2013) CHILDREN, INC.	31-18023	48	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,879	,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,105	,813.
3	Revenue less expenses. Subtract line 2 from line 1	3		<226	,188.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,393	,097.
5	Net unrealized gains (losses) on investments	5		177	,672.
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		<5	,021.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2	,339	,560.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	-			<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes " check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	ł		l
	consolidated basis, or both				
	Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		За	<u> </u>	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PERMANENT FUND FOR VERMONT'S

Employer identification number 31-1802348

CHILDREN, INC Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) 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.) 8 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). | x | 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 c Type III - Functionally integrated d Type III - Non-functionally integrated **b** Type II e X 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? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) x (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

(i) Name of supported organization	(ii) EIN		in col. (i) la	sted in your	(v) Did you notify the organization in col. (i) of your support?		(i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
VERMONT COMMUNITY									
FOUNDATION	22-2712160	7	х		х	1	x		0.
								 	
			<u> </u>	<u></u>				<u> </u>	
Total ¹									0.

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

Schedule A (Form 990 or 990-EZ) 2013

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

<u>Sec</u>	ction A. Public Support						
Cale	ndar 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						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to				1		
	the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>		
5	The portion of total contributions	· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>	
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						:
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	etion B. Total Support		<u> </u>			<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2009	(0) 2010	(6) 2011	(u) 2012	(e) 2013	(i) iotai
8	Gross income from interest,					†	
0	dividends, payments received on						
	, ,						
	securities loans, rents, royalties						
_	and income from similar sources					+	
9	Net income from unrelated business				1		
	activities, whether or not the						
40	business is regularly carried on				 	 	
10	Other income. Do not include gain		ļ				
	or loss from the sale of capital						
	assets (Explain in Part IV)		-		ļ .		
	Total support. Add lines 7 through 10		<u> </u>		<u> </u>		
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
800	organization, check this box and stop ction C. Computation of Publ	here	rcentage				<u> </u>
				. (0)		1441	
	Public support percentage for 2013 (I		-	column (t))		14	%
	Public support percentage from 2012				14 00 1 (00 (15	%
16a	33 1/3% support test - 2013. If the c				14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies				J	.	. ▶∟
b	33 1/3% support test - 2012. If the c	-			d line 15 is 33 1/39	% or more, check ti	nis box
	and stop here. The organization qual				40.40		. ▶∟_
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			· · · · · · · · · · · · · · · · · · ·		art IV how the organ	nization
	meets the "facts-and-circumstances"	_	•		•		. ▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		=				▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s 🕨 📙

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.)

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						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,	_					
merchandise sold or services per-					İ	
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızation's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			1			
furnished by a governmental unit to						
the organization without charge			1			
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons]	
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			<u> </u>			
Section B. Total Support		<u> </u>	·	1		
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		1	(3)=3.1.	(=,==:=	1 (0,20.0	(1) 1 0 12.
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business				<u> </u>		
activities not included in line 10b,						
whether or not the business is regularly carried on	1					
12 Other income Do not include gain	, , , , , , , , , , , , , , , , , , , ,				†	
or loss from the sale of capital	İ					
assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	1		†	
14 First five years. If the Form 990 is for	the organization'	s first second the	rd fourth or fifth t	ax vear as a secti	on 501(c)(3) organia	ration
check this box and stop here	tric organization	s mat, second, am	ra, rourar, or mar t	ax year as a seen	on our (c)(o) organiz	Lation,
Section C. Computation of Publ	ic Support Pe	rcentage	•		····	
15 Public support percentage for 2013 (I			column (fl)		15	%
16 Public support percentage from 2012	• • •	•			16	%
Section D. Computation of Inves					1.191	
17 Investment income percentage for 20					17	
18 Investment income percentage from 2			10, 00/0/////		18	%
19a 33 1/3% support tests - 2013. If the		· ·	on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box a						. is flot
b 33 1/3% support tests - 2012. If the		-		• • •		and end
line 18 is not more than 33 1/3%, che	_			•	•	
20 Private foundation. If the organization		-	· · · · · · · · · · · · · · · · · · ·		_	

PERMANENT FUND FOR VERMONT'S

Schedule A	(Form 990 or 990-EZ) 2013 CHILDREN, INC.	31-1802348	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b, and Part III, lir	ne 12.
	Also complete this part for any additional information. (See instructions).		
	Also complete this part for any additional information. (See instructions).		
			:
			
•			
		·	
			
	· · · · · · · · · · · · · · · · · · ·		
			-
_			
			
	-		
	- 12		

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.

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

	Section 501(c)(4), (5), or (6) organiza	tions. Complete Part III.	ty raxy or rorm ood L	L, r art v, inic coo (r roxy r	ax,, tricir
		FUND FOR VERMONT'S		Empl	oyer identification number
	CHILDREN,				31-1802348
Pa	art I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politic	cal campaign activities	ın Part IV. ►\$	
Pa	art I-B Complete if the ord	ganization is exempt und	der section 501(c))(3)	
1		·		▶ \$	
	Enter the amount of any excise tax			_ *	
	If the organization incurred a section			•	Yes No
48	a Was a correction made?		·		Yes No
	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt und	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities		-	▶\$	
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here	and on Form 1120-POL	- ,	
	line 17b			▶ \$	
	Did the filing organization file Form				└ Yes └ No
5	Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount pa comptly and directly delivered to	id from the filing organ a separate political org	ization's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2013

· '	ERMANENT FUND FO	R VERMONT'S .			
Schedule C (Form 990 or 990-EZ) 2013	HILDREN, INC.			31-180	2348 Page 2
Part II-A Complete if the org		npt under section	n 501(c)(3) and file	ed Form 5768	
(election under sec	tion 501(h)).				
A Check X if the filing organizat	ion belongs to an affili	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess lobbying e	xpenditures).			
B Check ► if the filing organizat	ion checked box A an	d "limited control" pro	visions apply.		<u> </u>
	s on Lobbying Expen litures" means amour			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influ	·			48,198.	48,198.
c Total lobbying expenditures (add lii	nes 1a and 1b)			48,198.	48,198
d Other exempt purpose expenditure	s			3,057,614.	19,633,940.
e Total exempt purpose expenditures	s (add lines 1c and 1d)			3,105,812.	19,682,138,
f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	n columns.	305,291.	1,000,000
If the amount on line 1e, column (a) o	r (b) is: The lobb	ying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,000	plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,000	plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,000	plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
				:	
g Grassroots nontaxable amount (en	•			76,323.	250,000.
h Subtract line 1g from line 1a. If zero			-	0.	0.
i Subtract line 1f from line 1c. If zero			L	0.	0,
j If there is an amount other than zer		ne 1, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this		 			Yes No
	ations that made a se lumns below. See the	instructions for line	do not have to comp s 2a through 2f on pa		
	Lobbying Expen	ditures 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 (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 CHILDREN, INC. | 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 each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)
of the lobbying activity.	Yes	No	Amo	ount
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)	?			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)(5), or se	ection	
501(c)(6).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	163	140
		2		
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior yea 	∽			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes."	vereu "No," O		(III-A, III	ie 3, is
Dues, assessments and similar amounts from members		1		· · · · · · · · · · · · · · · · · · ·
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts o	r political			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year	•	2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	g and political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	d group list), Part	II-A, line 2; a	and Part II-E	3, line 1.
Also, complete this part for any additional information.				
· · · · · · · · · · · · · · · · · · ·				
			-	
				· · · · · · · · · · · · · · · · · · ·

Schedule C (Form 990 or 990-EZ)

CHILDREN, INC.

Part IV Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member VERMONT COMMUNITY FOUNDATION **Employer ID Number** 22-2712160

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

Electing Member YES

Limits on Lobbying Expenditu	ıres:		Line
Total lobbying expenditures to	influence public opinion (grassro	oots lobbying) 0.	1a
Total lobbying expenditures to	influence a legislative body (dire	ct lobbying) 0.	ь
Total lobbying expenditures (ac	dd lines 1a and 1b)	0.	С
Other exempt purpose expend	itures	14,317,324.	đ
Total exempt purpose expendit	tures (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:		
> 1,000,000 <= 1,500,000	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	865,866.	f
Grassroots nontaxable amount	(enter 25% of line 1f)	216,467.	g
Subtract line 1g from line 1a (lin	nıt to zero)	0.	h
Subtract line 1f from line 1c (lin	nit to zero)	0.	
Member's share of excess lobb	bying 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

				Т
imits on Lobbying Expenditu	ıres:		ļ	
Total lobbying expenditures to	ınfluence public opinion (grassr	oots lobbying)	٠.	
Fotal lobbying expenditures to	ınfluence a legislatıve body (dıre	ect lobbying)	٠.	١
Fotal lobbying expenditures (ac	dd lines 1a and 1b)		٠.	
Other exempt purpose expend	itures	. 1,724,32	; .	
Fotal exempt purpose expendit	tures (add lines 1c and 1d).	1,724,32	; .	
Lobbying nontaxable amount. Enter the amount from the follo	<u> </u>			
If the amount on line e is	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
> 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000	100,000 + 15% > 500,000 175,000 + 10% > 1,000,000			
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000			l
Over \$17,000,000	\$1,000,000	236,21	; .	
Grassroots nontaxable amount	(enter 25% of line 1f)	59,05	١.	
Subtract line 1g from line 1a (lir	mit to zero)		· .	
Subtract line 1f from line 1c (lim	nit to zero)		٠. ا	
Member's share of excess lobb	ying expenditures .		٠. ا	

Schedule C (Form 990 or 990-EZ) CHILDREN, INC. Part IV Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member

J. WARREN AND LOIS MCCLURE FOUNDATION, INC.

Employer ID Number 03-0345186

Affiliated Group Member Address

3 COURT STREET

MIDDLEBURY, VT 05753

Electing Member NO

Limits on Lobbying Expenditu	ires:		Line
Total lobbying expenditures to	ınfluence public opınıon (grassro	pots lobbying) 0.	1a
Total lobbying expenditures to	ınfluence a legislatıve body (dire	ect lobbying) 0.	b
Total lobbying expenditures (ad	dd lines 1a and 1b)	0.	С
Other exempt purpose expendi	itures	534,676.	d
Total exempt purpose expendit	tures (add lines 1c and 1d)	534,676.	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 > 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	105,201.	f
Grassroots nontaxable amount	(enter 25% of line 1f)	26,300.	9
Subtract line 1g from line 1a (lin	nit to zero)	0.	h
Subtract line 1f from line 1c (lin	nit to zero)	0.	,
Member's share of excess lobb	oying expenditures	0.	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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 irs gov/form990.

Inspection

Name of the organization

PERMANENT FUND FOR VERMONT'S

CHILDREN, INC.

Employer identification number 31-1802348

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the
·	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	panization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(n)(4	Yes No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	ion occoments in its revenue and expense sta	
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	LION'S IIIIANCIAI STATEMENTS THAT DESCRIBES THE	organization's accounting for
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art.
•-	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items:		5
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		▶ \$

Bart III Organization's Admintalning Collections of Art, Historical Treasures, or Other Similar Assetscontrused)	<u>Sche</u>	dule D (Form 990) 2013 CHILDREN, 1	INC.	_				31-18023	348	Pa	age 2
Check all that apply a	Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, c	or Othe	er Simi	lar Asse	ts (contii	nued)	_
a Public exhibition d Loan or exchange programs belonger than the provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Portion be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Secretary or the smilar assets to be sold to raise funds rather than to be maintained as part of the organization asserded "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and intermediation or other intermediation or other intermediation or other assets not included on Form 990, Part X, line 21. If I'ves," explain the arrangement in Part XIII and complete the following table If Yes, and the arrangement in Part XIII and complete the following table If I'ves, and I'v	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	t are a s	ignifican	t use of its	collectio	n item	ıs
b Scholarly research c Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other amiliar assets to be sold to asse funds stater than to be maintained as part of the organization solicition? \ ver \ No \ Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year 1 Ending balance 2 Determined the year 1 Ending balance 2 Determined the year 1 Ending balance 2 Determined the year 1 Ending balance 2 Determined the present of the organization has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21? 2 Determined the present of the organization answered "Yes" to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10. 1a Begrining of year balance 2 2,393,997; 2,998,615; 2,197,214, 2,129,246, 2,1313,238, 614, 614, 614, 614, 614, 614, 614, 614		(check all that apply)									
c Preservation for future generations 4 Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive denations of art, instancial treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete fit the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, intsete, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization answered "Yes" to Form 990, Part V, line 9, or reported an amount on Form 990, Part X line 21? If 'Yes, 'Explain the arrangement in Part XIII and complete the following table Amount It is It i	а	Public exhibition	d	Loan or exc	hange progra	ams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	b	Scholarly research	е	Other							
5 During the year, did the organization solient or receive donations of art, instorical treasures, or other smilar assets to be solid to raise funds rather than to be maintained as part of the organization an anieum on Form 990, Part IV, Ime 9, or reported an amount on Form 990, Part X) 1a Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization and agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It is a contribution or other assets not included on Form 990, Part X It is a contribution or other assets not included on Form 990, Part X It is a contribution or other assets not included on Form 990, Part X It is a contribution or other assets not included on Form 990, Part X It is a contribution or other assets not included on Form 990, Part X It is a contribution or other assets not included on Form 990, Part X It is a contribution or other assets not included on Form 990, Part X It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution or other part XIII It is a contribution of part XIII It is a contribution of part XIII It is a contribution of part XIII It is a contribution of part XIII It is a contribution of part XIII It is a contribution of part X	C	Preservation for future generations						•			
to be sold to raise funds rather than to be maintained as part of the organization is collection?	4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizati	on's exe	mpt purp	oose in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Individual organization or other intermediary for contributions or other assets not included on Form 990, Part X Individual organization or other intermediary for contributions or other assets not included on Form 990, Part X Individual organization or other intermediary for contributions or other assets not included on Form 990, Part X Individual organization in Individual organization and Individual Organization and Individual Organization and Individual Organization and Individual Organization and Individual Organization and Individual Organization and Individual Organization and Individual Organization and Individual Organization Individual Organization and Individual Organization Individual Organization and Individual Organization Individual Organization Individual Organization Individual Organization Individual Organization Individual Organization Individual Organization Individual Organization Individual Organization Individual Organization I	5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or oth	er sımıla	r assets		_		_
Teported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If 'Yes, 'explain the arrangement in Part XIII and complete the following table Amount Id Id Id Id Id Id Id I											No
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the organizatio	n answered '	'Yes" to	Form 99	0, Part IV, I	ine 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b Did the organization include an amount on Form 990, Part X, line 21? 2b Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization in Part XIII the Internation of Part X, line 21? 2d Did the organization in Part XIII the Internation of Part X, line 21? 2d Did the organization in Part XIII the Internation of Part X, line 10. 2d Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 96 2d Temporarily restricted endowment ▶ 96 2d Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 96 2d Temporarily restricted endowment ▶ 96 2d Describe in Part XIII the internded uses of the organization sendowment funds Part XII Land, Buildings, and Equipment. 2d Describe in Part XIII the internded uses of the organization's endowment funds Part XII Land, Buildings, and Equipment. 2d Describe in Part XIII t		reported an amount on Form 990, Pa	rt X, line 21.								
Beginning balance Amount Inches Amount Inches Amount Inches Amount Inches	1a		an or other intermed	liary for contribution	s or other as	sets not	included	t	_	_	,
C Beginning balance 1c 1d		on Form 990, Part X?						L_	Yes		No
C Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							
d Additions during the year e Distributions during the year f Ending belance 2a Did the organization include an amount on Form 990, Part X, line 217 b If 'Yes', explain the arrangement in Part XIII, Check here if the explanation has been provided in Part XII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization is tend as required on Schedule R? Part V Endowment Funds. Complete if the organization is tend as required on Schedule R? Part V Endowment Funds. Complete if the organization is tend as required on Schedule R? Part V Endowment Funds. Complete if the organization is sted as required on Schedule R? Part V Endowment Funds. Complete if the organization is sted as required on Schedule R? Part V Endowment Endowment Funds. Complete if the organization is sted as required on Schedule R? Part V Endowment Endowment Funds. Complete if the organization is endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								ļ	Amoun	<u>t</u>	
E Distributions during the year f Ending belance 2 1 1 1 1 1 1 1 1 1							1c				
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Description Part XIII. Check here if the explanation has been provided in Part XIII.	f			-			1f		1		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Street years years (a) Street years years (a) Street years years (a) Street years years (a) Street years (a) Stre								L_	」 Yes	<u> </u>	_ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Book value (d) Book	_										<u></u>
1a Beginning of year balance 2, 393, 997. 2, 998, 615. 2, 107, 134. 2, 129, 246. 1, 151, 518. b Contributions 2, 791, 019. 1, 444, 665. 744, 226. 727, 111. 1, 739, 514. C Net investment earnings, gains, and losses d Grants or scholarships 261, 257. 178, 813. 1, 839. 192, 792. 311, 196. C Other expenditures for facilities and programs 1, 389, 682. 296, 420. 270, 249. 596, 745. 775, 674. 240, 669. 887, 737. 419, 643. 268, 254. 229, 019. F Administrative expenses 255, 462. 144, 839. 64, 692. 77, 016. 66, 189. 2, 339, 560. 2, 393, 997. 2, 098, 615. 2, 107, 134. 2, 129, 246. P Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 96. The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment India not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organiz	Fai	Elidowille it Fullus. Complete									
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2, 339, 560, 2, 393, 971, 2, 098, 515, 2, 107, 134, 2, 129, 246, 2Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Describer of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▼423.	4.	Danis and the same balance							`-		
C Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships 1, 389, 682, 296, 420, 270, 249, 596, 745, 775, 874, e Other expenditures for facilities and programs 1, 420, 669, 887, 737, 419, 643, 268, 254, 229, 019, 19, 19, 19, 19, 19, 19, 19, 19, 19,				-							
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2, 339, 560, 2, 393, 097, 2, 098, 615, 2, 107, 134, 2, 129, 246. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 100, 00 % b Permanent endowment ▶ 96 c Temporarily restricted endowment ▶ 96 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ★ 423.											
e Other expenditures for facilities and programs f. Administrative expenses g. End of year balance 2,339,560, 2,339,097, 2,098,615, 2,107,134, 2,129,246, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 100,00 % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 423.			· ·				-				
and programs f. Administrative expenses g. End of year balance 295, 462. 144,839. 64,692. 77,016. 68,189. g. End of year balance 297, 462. 144,839. 64,692. 77,016. 68,189. 298, 560. 2,393,097. 2,098,615. 2,107,134. 2,129,246. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 100,00 % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 423.		-	1,309,002.	230,420.	270	3,243.		330,743.		//5,	0/4.
## Administrative expenses ## g End of year balance ## 2,339,560.	е	•	1 420 660	997 737	410	. 643		260 264	i	220	010
g End of year balance 2,339,560. 2,393,097. 2,098,615. 2,107,134. 2,129,246. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 100,00 % b Permanent endowment ▶		. •									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iversity or 3a(iii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 2,873, 2,450, 423, e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (8), line 10(c).) ★ 423.		·					2				
Board designated or quasi-endowment ▶	y o	-				3,013.	~,	107,134.	<u>_</u>	,120,	240.
b Permanent endowment ▶	٠,			= -	a)) Heid as						
Temporarily restricted endowment ▶		-									
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by: (i) unrelated organizations 3a(i) x	32		•	ation that are held a	nd administa	red for t	he organ	vzation			
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	Ou		coston of the organiza	ation that are new a	ila aariiilista	neu ioi t	ne organ	IIZALIOII		Vac	No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) A b Buildings C Leasehold investment A column (B), line 10(c).)									3a(i)	163	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment c Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) A buildings 423.		.,							<u> </u>	х	
4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	b		s listed as required o	n Schedule B?						_	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			•						00		
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Book value (f) Cost or other basis (other) (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other basis (other) (h) For other basis (ot		Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990	. Part X.	line 10.				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) basis (other) depreciation 423.				ĭ				ted	(d) Boo	k valu	 -
1a Land b Buildings c Leasehold improvements c Leasehold improvements d Equipment 2,873. 2,450. 423. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 423.		a compliant of property	1 ' '	1 , ,					(2, 550	, vaia	•
b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 423.	1a	Land			· -						-
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ↓ 423.		_									
d Equipment 2,873. 2,450. 423. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 423.		·									
e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) \$\Bigsir \text{423.}\$		•			2,873.		2	,450.			423.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)											
			equal Form 990, Part	X, column (B), line	10(c).)			▶			423.
								Schedule	D (Forr	n 990)	2013

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	rt XI Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return.	Page 4
	Complete if the organization answered "Yes" to Form 990, Part IV, line		in por riotaini	
1	Total revenue, gains, and other support per audited financial statements	124.	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 Stat	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	•	
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	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	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 IX, line 25, 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	<u> </u>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))	5	
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,	Part IV, lines 1b and 2b,	Part V, line 4, Part X, line 2; Part I	ΧI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
PAR	r V, LINE 4:			
EXP	LANATION: FUNDS ARE DESIGNATED AND INTENDED FOR USE IN THE F	FURTHERANCE		
OF :	THE ORGANIZATION'S EXEMPT PURPOSE.			
			1911	
	<u> </u>			
			<u> </u>	_
	<u>.</u>			
				-
				

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

Part |

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public 2013 Inspection

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www us any/form990

2 [] **Employer identification number** 31-1802348 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection PERMANENT FUND FOR VERMONT'S General Information on Grants and Assistance criteria used to award the grants or assistance? CHILDREN, INC. Name of the organization

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

IV, line 21, for any		(h) Purpose of grant or assistance	
res" to Form 990, Part		(g) Description of non-cash assistance	
anization answered "Y		(f) Method of valuation (book, EMV, appraisal, other)	
Complete if the org	ded.	(d) Amount of cash grant or assistance	
e United States. (tional space is nee	(d) Amount of cash grant	
d Organizations in th	be duplicated if addit	(c) IRC section if applicable	
Governments and	\$5,000 Part II can	(b) EIN	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government	
Part II		1 (a)	

recipient that received more than \$5,000 Part II can be duplicated	\$5,000 Part II can		if additional space is needed	ed.			
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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADDISON NORTHEAST SUPERVISORY UNION - 72 MUNSILL AVE SUITE 601 - BRISTOL, VT 05443	03-6000901	MUNICIPAL	12,300.	0.			GEN, SUPPORT
AGENCY OF HUMAN SERVICES 208 HURRICANE LANE WILLISTON, VT 05495	03-6000264	501(C)(3)	20,000.	0.			GEN. SUPPORT
BARRE SUPERVISORY UNION 120 AYERS STREET BARRE, VT 05641	03-6000360	MUNICIPAL	50,000.	0.			GEN, SUPPORT
CALEDONIA CENTRAL SUPERVISORY UNION - PO BOX 216 - DANVILLE, VT 05828	03-0217747	501(C)(3)	14,900.	0.			GEN. SUPPORT
CALEDONIA NORTH SUPERVISORY UNION 119 PARK AVE PO BOX 107 LYNDONVILLE, VT 05851	03-0218102	MUNICIPAL	25,500.	0.			GEN. SUPPORT
CHITTENDEN CENTRAL SUPERVISORY UNION - 51 PARK STREET - ESSEX JUNCTION, VT 05452	03-6000554	501(C)(3)	19,320.	0			GEN. SUPPORT

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table N

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

Schedule I (Form 990) (2013)

PERMANENT FUND FOR VERMONT'S

Page 1

Schedule I (Form 990) CHILDREN, INC.	FOR VERMONI	a ,				31	31-1802348 Pa
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orga	nizations in the Ur	nited States (Sche	edule I (Form 990), Par	r II.)	
(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
CHITTENDEN SOUTH SUPERVISORY UNION 5420 SHELBURNE ROAD SUITE 300 SHELBURNE, VT 05482	03-0213990	MUNICIPAL	53,000.	0.			GEN, SUPPORT
ESSEX TOWN SCHOOL DISTRICT 58 FOUNDERS ROAD ESSEX JUNCTION, VT 05452	03-6000463	MUNICIPAL	32,000.	0.	:		GEN, SUPPORT
EVERYBODY WINS! VERMONT 25 SCHOOL STREET PO BOX 34 MONTPELIER, VT 05601	10-0002102	501(C)(3)	42,000.	0.0			GEN, SUPPORT
FRANKLIN COUNTY CARING COMMUNITIES 67 FAIRFIELD STREET ST. ALBANS, VT 05478	75-3238572	501(C)(3)	17,515.	•0			GEN, SUPPORT
GRAND ISLE COUNTY COURT DIVERSION PO BOX 171 NORTH HERO, VT 05474	20-0712380	501(C)(3)	.009,6	0			GEN SUPPORT
HARTFORD SCHOOL DISTRICT 73 HIGHLAND AVE WHITE RIVER JUNCTION, VT 05001	03-6000504	501(C)(3)	.000,05	0.			BEN SUPPORT
HOWARD CENTER 208 FLYNN AVE SUITE 3J BURLINGTON , VT 05401	03-0179433	501(C)(3)	.000,01	• 0		V	BEN SUPPORT

Schedule I (Form 990)

GEN SUPPORT

0

15,000.

03-0304062 501(C)(3)

LAMOILLE COUNTY COURT DIVERSION RESTROATIVE - 221 MAIN STREET PO

BOX 148 - HYDE PARK, VT 05655

GEN SUPPORT

0

10,000.

23-7236312 501(C)(3)

179 SOUTH WINGOSKI AVE PO BOX 1615 BURLINGTON, VT 05402

KING STREET CENTER

31-1802348

Page 1

Schedule I (Form 990)

CHILDREN,

(h) Purpose of grant or assistance GEN SUPPORT GEN SUPPORT GEN SUPPORT BEN SUPPORT BEN SUPPORT SEN SUPPORT GEN SUPPORT GEN SUPPORT GEN SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of 0 0. 0 0 Ö Ö Ö ö (e) Amount of non-cash assistance ċ (d) Amount of cash grant 103,000, 15,000. 000'09 69,073, 15,000, 55,000 25,000. 25,000 18,000, (c) IRC section if applicable MUNICIPAL MUNICIPAL 03-6000729 MUNICIPAL 501(C)(3) MUNICIPAL 501(C)(3) MUNICIPAL MUNICIPAL 501(C)(3) 30-0511861 03-0218244 03-0179434 03-6000571 02-0658483 03-0269798 03-6000640 03-0213869 (p) EIN RUTLAND CENTRAL SUPERVISORY UNION ORANGE WINDSOR SUPERVISORY UNION LAMOILLE SOUTH SUPERVISORY UNION RUTLAND SOUTH SUPERVISORY UNION 20 WINOOSKI FALLS WAY SUITE 105 (a) Name and address of organization or government 632 VT ROUTE 106 PO BOX 176 RUTLAND CITY PUBLIC SCHOOLS READING ELEMENTARY SCHOOL NORTH CLARENDON, VT 05759 76 GLEN ROAD PO BOX 4009 SOUTH ROYALTON, VT 05068 MILTON SCHOOL DISTRICT 05661 3950 VERMONT ROUTE 14 BURLINGTON, VT 05406 64 GRANGE HALL ROAD LUND FAMILY CENTER WINOOSKI, VT 05404 READING, VT 05062 RUTLAND, VT 05701 RUTLAND, VT 05701 MILTON, VT 05468 16 EVELYN STREET MORRISVILLE, VT 6 CHURCH STREET 42 HERRICK AVE 46 COPLEY AVE MOBIUS

PERMANENT FUND FOR VERMONT'S CHILDREN, INC.

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	Ather Assistance to Governm
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Schedule I (Dart II Continuation of Grante and Other Assistance to Congraments and Organizations in the United State

Page 1

31-1802348

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orgar	rizations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	,
(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
SOUTH BURLINGTON SCHOOL DISTRICT 550 DORSET STREET SOUTH BURLINGTON, VT 05403	03-6000692	MUNICIPAL	10,000.	0			GEN SUPPORT
SOUTHWEST VERMONT SUPERVISORY UNION - 246 SOUTH STREAM ROAD - BENNINGTON, VT 05201	03-0222528	MUNICIPAL	154,000.	0			GEN SUPPORT
SPECTRUM YOUTH AND FAMILY SERVICES 31 ELMWOOD AVE BURLINGTON, VT 05401	03-0253232	501(C)(3)	10,000.	0			GEN SUPPORT
ST. JOHNSBURY SCHOOL DISTRICT 257 WESTERN AVE ST. JOHNSBURY, VT 05819	03-6000673	MUNICIPAL	25,000.	.0			GEN SUPPORT
THE MENTOR CONNECTOR 88 PARK STREET PO BOX 1617 RUTLAND, VT 05702	65-1290104	501(C)(3)	20,000.	0.			GEN SUPPORT
UNITED CHILDREN'S SERVICES OF BENNINGTON COUNTY - 100 LEDGE HILL DR PO BOX 588 - BENNINGTON, VT 05201	03-0348364	501(C)(3)	15,100.	0.			GEN SUPPORT
WASHINGTON CENTRAL FRIENDS OF EDUCATION - 73 MAIN STREET #33 - MONTPELIER, VT 05601	03-0335793	501(C)(3)	9,000.	0			GEN SUPPORT
WASHINGTON NORTHEAST SUPERVISORY UNION - PO BOX 470 - PLAINFIELD, VT 05667	03-6000883	MUNICIPAL	14,000.	0			GEN SUPPORT
YOUTH SERVICES 32 WALNUT STREET PO BOX 6008 BRATTLEBORO, VT 05302	03-0287694	501(C)(3)	17,900.	0.			GEN SUPPORT
							Schedule I (Form 990)

PERMANENT FUND FOR VERMONT'S

31-1802348 Schedule I (Form 990) (2013) CHILDREN, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, Im	e 2, Part III, column	(b), and any other ac	Iditional information.	
EXPLANATION: THE ORGANIZATION REQUIRES FINANCIAL AND PROGRAMMATIC REPORTING	4D PROGRAMMAT	IC REPORTING			
BY ALL GRANTEES TO ENSURE THE APPROPRIATE USE OF GRANTED	ANTED FUNDS.				
		·			

Schedule I (Form 990) (2013)

332102 10-29-13

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.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

Department of the Treasury

Internal Revenue Service

PERMANENT FUND FOR VERMONT'S

CHILDREN INC.

31-1802348

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided 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. 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 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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 complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a 6b Х b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 x Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2013

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CHILDREN,

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 W-2 and/	W-2 and/or 1099-MIs	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(a)-(i)(a)	reported as deferred in prior Form 990
(1) STUART COMSTOCK-GAY	(3)	0	0	0	0	0	0	0
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212212							Schedu	Schedule J (Form 990) 2013 '

PERMANENT FUND FOR VERMONT'S CHILDREN, INC.

31-1802348

Page 3 Schedule J (Form 990) 2013 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. Schedule J (Form 990) 2013

Part III | Supplemental Information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 PERMANENT FUND FOR VERMONT'S

CHILDREN, INC.

Employer identification number 31-1802348

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY-BASED PREVENTION STRATEGIES.
FORM 990, PART VI, SECTION A, LINE 3:
EXPLANATION: THE VERMONT COMMUNITY FOUNDATION PERFORMS CUSTOMARY MANAGEMENT
DUTIES ON BEHALF OF THE REPORTING ORGANZIATION'S GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: MANAGEMENT REVIEWS THE FORM 990 AND RELATED SCHEDULES PRIOR TO
FILING AND ALSO PROVIDES 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 WAS EMPLOYED IN THAT CAPACITY DURING THE TAX
YEAR.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION HAS NO FORMAL POLICY SURROUNDING THE PUBLIC
AVAILABILITY OF ITS GOVERNING DOCUMENTS OTHER THAN MAKING THEM AVAILABLE
UPON REQUEST. AS THE ORGANIZATION IS PART OF A CONSOLIDATED SET OF AUDITED
FINANCIAL STATEMENTS, NO STAND-ALONE FINANCIAL STATEMENTS EXIST. THE

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.

▶ Attach to Form 990.

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Employer identification number Open to Public Inspection

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

31-1802348 PERMANENT FUND FOR VERMONT'S INC. CHILDREN, Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34 be	cause it had one o	or more related tax-exer	mpt	
(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 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) ted 7
VERMONT COMMUNITY FOUNDATION - 22-2712160 3 COURT STREET MIDDLEBURY, VT 05753	SUPPORTED ORGANIZATION	VERMONT	501(C)(3)		и/а		×

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

Schedule R (Form 990) 2013

PERMANENT FUND FOR VERMONT'S

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CHILDREN, INC. Schedule R (Form 990) 2013

Part III 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

						-					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total Income e	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a rporation or trust durin	is a Corpo g the tax y	ration or Trust Corear.	nplete if the orgar	ization answe	ered "Yes" on	Form 990, Pa	t IV, line 34	because it had	one or mo	re related
(a) Name, address, and EIN of related organization	≥ c	Prime	(b) Primary activity	(c) Legal domicile Direct (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income		(g) Share of Prend-of-year o assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
332162 09-12-13	_								Schedu	le R (Forn	Schedule R (Form 990) 2013

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PERMANENT FUND FOR VERMONT'S CHILDREN, INC.

Schedule R (Form 990) 2013

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes No	- ، ا_
1 During the tax year, did the organization engage in any of the following transaction	is with one or more re	nsactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		+	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>1</u> 9	×	ı
b Gift, grant, or capital contribution to related organization(s)				9	×	ı
c Gift, grant, or capital contribution from related organization(s)				ပ္	×	1
d Loans or loan guarantees to or for related organization(s)				P.	×	ı
e Loans or loan guarantees by related organization(s)				9	×	ı
f Dividends from related organization(s)				=	×	i
g Sale of assets to related organization(s)				19	×	1
h Purchase of assets from related organization(s)				1 1	X	1
i Exchange of assets with related organization(s)				1i	×	
j Lease of facilities, equipment, or other assets to related organization(s)				į	×	. I
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			7	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			T X		- 1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			ŧ	×	ı
o Sharing of paid employees with related organization(s)				은	×	<u>د</u> ا
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				2	∢ ;)
 Reimbursement paid by related organization(s) for expenses 				5	×	ı
* Other transfer of each or prematy to related evennization(e)				÷	×	
s Other transfer of cash or property from related organization(s)				- 4	×	1
				2	$\frac{1}{1}$	í
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			,
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	penjo		
(1) VERMONT COMMUNITY FOUNDATION	υ	1,482,075.	САЅН			ı ı
(2) VERMONT COMMUNITY FOUNDATION	М	95,450.	САЅН			
(2)						
(4)						
(5)						•
(9)						• •
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PERMANENT FUND FOR VERMONT'S

CHILDREN,

INC. Schedule R (Form 990) 2013 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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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.

		•	٠. ٨		• •
(k) Percentage ownership					
General or managing partner?					
(.20 ge /		•		 	
(h) (i) (j) (k) (k) Dispropor- D					
(h) Onsproportonate allocations? Yes No					
<u>ō_</u>				 	
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec 501(c)(3) orgs? Yes No					
7, 30 14)					
Predominant income pariers sec (related, unrelated, excluded from tax under section 512-514) yes No					
icile (
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
nd EIN					
(a) Name, address, and EIN of entity					

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Schedule R (Form 990) 2013

Schedule	R (Form 990) 2013	CHILDREN, INC.	OR VERMONT'S	7	31-1802	348 Page 5
Part VI	R (Form 990) 2013 Supplemental Info	rmation		· · · · · · · · · · · · · · · · · · ·		r age o
	Provide additional inform	nation for responses to c	questions on Schedu	ile R (see instructions)	•	
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