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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form 990 (2013)

4	A F	or the	2013 calendar year, or tax year beginning $JAN~1$, $2014~$ and ϵ	ending J	<u>UN 30, 20</u>	14					
E	3 Cr ap	neck if	C Name of organization		D Employer ide	ntificati	on number				
		Addres	VERMONT BAR FOUNDATION								
		Name change			03-0285318						
		initial return		Room/suite	E Telephone nui						
	ᆫ	Termin ated	10 box 1170, 33-37 cook1 51		80	<u>2-22</u>	3-1400				
	느	Amend	Oity or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$,015.			
	<u> </u>	Application pending			H(a) is this a grou	•		. .			
			F Name and address of principal officer:DEBORAH BAILEY 35-37 COURT STREET, MONTPELIER, VT 056	:01_11	for subordin			X No			
-	. T.		mpt status: X 501(c)(3)		H(b) Are all subordina		ed? Yes . (see instruct	L			
-			www.vtbarfoundation.org	J21	H(c) Group exem		•	ions)			
			organization X Corporation Trust Association Other	L Year	of formation 198			nicile VI			
			Summary	1 = 1001	<u> </u>		ato or logal don				
•			Briefly describe the organization's mission or most significant activities: TO DI	STRIB	UTE FUNDS	TO	SELECTI	ΞD			
	Activities & Governance	1	NON-PROFIT ORGANIZATIONS WHICH PROVIDE LE	GAL S	ERVICES T	ОТН	E				
	rua	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its n	et asset	s.				
	OVE.	3 1	Number of voting members of the governing body (Part VI, line 1a)	•		3		13			
	<u>න</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4		13			
	es	5	otal number of individuals employed in calendar year 2013 (Part V, line 2a)			5		1			
	ž	6	Total number of volunteers (estimate if necessary)			6		0			
	Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.			
-		b l	Net unrelated business taxable income from Form 990-T, line 34		<u> </u>	7b		0.			
				<u> </u>	Prior Year	4	Current Ye				
	9		Contributions and grants (Part VIII, line 1h)	-	1,154,87	0.	080	,419.			
	Revenue		Program service revenue (Part VIII, line 2g)	_	5,63		1	0. 596.			
	&		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	<u> </u>	0.			
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1,160,51	• •	688	015.			
-			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,205,68			350.			
	l		Benefits paid to or for members (Part IX Column A) (Inc. 4)			0.		0.			
	s		Salaries, other compensation, employee benefits (Part IX, column) (A), lines 5-10)		134,41	9.	75,	412.			
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e),		•	0.	•	0.			
	<u>8</u>		Total fundraising expenses (Part & column (D), in \$25000 00 00 00 00 00 00 00 00 00 00 00 00	1.							
	û		Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		73,94		30,	,525.			
			Total expenses. Add lines 13-17 (must equal Partix) column (A), line 25)	. 🗀	1,414,04			,287.			
		19	Revenue less expenses. Subtract line 18 from line 12		-253,53	7.	249	728.			
	58			Be	ginning of Current Y		End of Ye				
1	aga	20	Fotal assets (Part X, line 16)		775,19		1,024				
	<u> </u>	21	Total liabilities (Part X, line 26)	_	1,20			<u>,243.</u>			
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jĿ	Fa	rt II	·								
			ties of perjury, I declare that I have examined this return, including accompanying schedules			ot my kn	owledge and be	eliet, it is			
-	rue,	correc	and complete Declaration of preparer (other than officer) is based on all information of whi	ich preparer	nas any knowledge	10					
)	Sign		Signature of officer		Date	131	17				
	oıgn Here		DEBORAH BAILEY, EXECUTIVE, DIRECTOR								
	ieie	,	Type or print name and title								
-			Print/Type preparer's name Preparer's signature	[Date Chec	k 🗍	PTIN				
ı	Paid		Marie & Badhel	der 0	9/25/14 self-e	moloved	P005084	118			
	Prep	- 1	Firm's name BATCHELDER ASSOCIATES, P.C.		Firm's EIN		3-03374				
1	Use (Firm's address 1 CONTI CIRCLE				•				
			BARRE, VT 05641		Phone no	<u> 802-</u>	476-949	90			
1	May	the IF	S discuss this return with the preparer shown above? (see instructions)	Q	17 3	6	X Yes	No No			

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement

Form 990 (2013) VERMONT BAR FOUNDATION
Part IV Checklist of Required Schedules

foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 18 X				Yes	No
2 Is the organization required to complete Schedule B, Schedule G Contributional Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Yes," complete Schedule C, Part II Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization acceptance of the enganization of a section 501(c)(5). or 501(c)(5), or 501(c)(6), or 501(1			v	
3 X Section 501 (c)(3) organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices if "Yes," complete Schedule C, Part II Section 501 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect dump the tax year? If "Yes," complete Schedule C, Part II Did the organization assection 501 (c)(4), 501 (c)(5), 501 (c)(6), 501 (c)	^	·	—		
section 501(fil) electrion in effect during the tax year? If "Yes," complete Schedule C, Part II server and the average of the complete schedule C, Part II server and the complete schedule C, Part I			2		
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Pes," complete Schedule D, Part II I bit the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.819? If "Yes," complete Schedule D, Part II I Did the organization and yoloniz advised flunds 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 (2) which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (2) which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (2) which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (2) which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts (2) which donors have the right to provide advice on the distribution or investments to preserve open space, the environment, the such as a properties of the distribution or investment or account of the time and the environment, the such as a policial provided account tability serve as a custodian for amounts in the fund of the provided account tability serve as a custodian for amounts in the provided account tability serve as a custodian for amounts in the provided account tability serve as a custodian for amounts in the provided accounts and the properties of the provided accounts and the properties of the provided accounts and the properties of the total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X ii to organization report an amount for other labilities in	3				v
during the tax year? If "Yes," complete Schedule C, Part II is the organization a section Stol((a),50 10(5)), or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III by the organization maintain any denote of a such funds or accounts (if "Yes," complete Schedule D, Part III by the organization receive or hold a conservation assessment, including easements to preserve open space, the environment, historic faul areas, or historic structures of "Yes," complete Schedule D, Part III by the organization report an amount in Part X, line 15, for secrow or custodial account liability; serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III by the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete Schedule D, Part IV by Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? If "Yes," complete Schedule D, Part VIII by Did the organization report an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII by Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII c) Did the organization report an amount for investments - other securities 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 XIII c) Did the organization report an amount for investments - other securities in Part X, line 15? If "Yes," complete Schedule D, Part XIII d) Did the organization is ability for uncertain tax positions under IFIN III is 15% or more of its total assets reported in Part X, line		·	3	-	
5 Is the organization is section \$0! (c)[4], 50! (c)[6], or 50! (c)[6] organization that receives memberahip dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 if "Yes," complete Schedule C, Part II obt 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 for which donors have the right to provide advice on the distribution or investment of amounts in such 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 II obt the organization meants collections of works of art, historial resaures, or others similar assets? If "Yes," complete Schedule D, Part II ob Dd 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 ob Dd the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV if the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part IV if the organization report an amount for investments - program related in Part X, line 10; If "Yes," complete Schedule D, Part IV if the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X ii as 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 X ii as the organization asset and a separate or consolidated financia	4		١.		l v
similar amounts as defined in Revenue Procedure 98-187 if "Yes," complete Schedule C, Part III Did the organization maintain any donor activities of the securities in the opposition of the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including easements to preserve open space, or the environment, historic land areas, or historic activatives III "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for 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 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V If the organization report an amount for liand, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XIII Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XIII Did the organization aspeciate or expenses of more tha	_		4		_X
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII If Did the organization report an amount for investments - program related in Part X, line 13? If "Yes," complete Schedule D, Part VIII If 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 VIII If 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 VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X If 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 X If 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 X If Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X If Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X If Did the organization manufacin and offic					v
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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 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a IX 20b If "Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19				77
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	00				
		· · · · · · · · · · · · · · · · · · ·			<u>X</u>
	<u> 0</u>	ii res το line ∠υα, did the organization ατταση α copy of its audited financial statements to this return?			

VERMONT BAR FOUNDATION Part IV Checklist of Required Schedules (continued)

<u> </u>			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			i
	Schedule K. If "No", go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	· · · · · · · · · · · · · · · · · · ·	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	├—	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2013

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Page 5

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	ا ـ ا		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ !!!		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	:	
•	Sponsoring organizations maintaining donor advised funds.		''	
9	Did the organization make any taxable distributions under section 4966?	9a	,	х
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_	X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:]		
а	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?	12a		
	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.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	ļ	L	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L
		Form	990	(2013)

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule C. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5_		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	X	
ь		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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).			
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as a section of the constant	vallat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	-	
	DEBORAH BAILEY - 802-223-1400			
	PO BOX 1170, MONTPELIER, VT 05601			
		Farm	000	(2012)

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.

X Check this box if neither the organizatio (A) Name and Title	(B) Average hours per week	(do	not c	Positive per per per per per per per per per pe	ition more rson	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated 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) SOPHIE ZDATNY, ESQ.	1.00									
PRESIDENT		X						0.	0.	0.
(2) CHRISTOPHER D'ELIA	1.00					ŀ			_	
TREASURER		Х	L.					0.	0.	0.
(3) THERESE M. CORSONES, ESQ	1.00	ļ								_
VICE-PRESIDENT	1 00	X						0.	0.	0.
(4) JESSE D. BUGBEE, ESQ.	1.00									
BOARD MEMBER	1 00	X						0.	0.	0.
(5) HON. JOHN A. DOOLEY, III	1.00								•	•
BOARD MEMBER	1.00	X						0.	0.	0.
(6) DANIEL P. RICHARDSON, ESQ.	1.00	X						0.	0.	^
BOARD MEMBER	1.00	Λ						0.	0.	0.
(7) MARY C. WELFORD, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
(8) KAREN L. TYLER, ESQ.	1.00	1		Н				-		
SECRETARY	1.00	X						0.	0.	0 .
(9) ERIC G. VELTO, ESQ.	1.00	<u> </u>								
BOARD MEMBER		X						0.	0.	0.
(10) JAMES F. CARROLL, ESQ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) AMBER L. BARBER, ESQ.	1.00							-		
BOARD MEMBER		X						0.	0.	0.
(12) S. MARK SCIARROTTA, ESQ	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) LILA SHAPERO, ESQ.	1.00									
BOARD MEMBER		X				L		0.	0.	0.
(14) DEBORAH BAILEY	40.00					_			_	_
EXECUTIVE DIRECTOR		_			Х	Х		0.	0.	0.
		-	[
		-								
		1								

Form 990 (2013)

Form 990 (2013)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C	compensated Employe	es (continued)			
(A) Name and title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable		(F) Estimate	
	hours per week (list any	offic				is bot or/trus		compensation from	from related		amount of other	
	hours for related	or direct				Safed		organization	organizations (W-2/1099-MISC)		mpensa from the	Э
	organizations	Individual frustee or director	Institutional trustee		stoyee	Highest compensated employee		(W-2/1099-MISC)		a	rganizati nd relate	ed
	line)	Individ	Institut	Officer	Кеу етріоуве	Highes	Former			or	ganizatio	ons ——
		<u> </u>										
												
						-						
						-			 	+		
							<u> </u>					
										_		
1b Sub-total	(II. O. akian A	<u> </u>					>	0.	0			0.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A	•		•			<u> </u>	0.	0		<u>. </u>	0.
2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	,000 of reportable			0
3 Did the organization list any former office	r director or tr	ıeto	- ka		mole		^*	highest componented o	molovos os		Yes	No
line 1a? If "Yes," complete Schedule J for	such individual				-					3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," col					-		elat	ed organization or indiv	idual for services	5		X
Section B. Independent Contractors									<u></u>			
Complete this table for your five highest c the organization. Report compensation for												
(A) Name and busines	s address	NC	INC	E				(B) Description of s	ervices		(C) ensation	ı
											_	
							_	·				
	_						-			 -		
							-					
O Takel combine of colors	Complete to the second							1 - b	Ab			
Total number of independent contractors \$100,000 of compensation from the organ		iOt III	mite	a 10		se II: 0	stec	above) who received n	iore than			
										Forr	n 990 (2	2013)

03-0285318

Total revenue Protection Control Contr	ra		***	Check if Schedule O cont		or note to any line	e in this Part VIII	_		
Business Code 2 a			*				(A)	Related or exempt function	Unrelated business	Revenué excluded from tax under
Business Code 2 a	nts	1	а	Federated campaigns	1a					
Business Code 2 a	اويّ		b	Membership dues	. 1b					
Business Code 2 a	tions, Gifts, G er Similar Amo		С	Fundraising events	. 1c					
Business Code 2 a	ait		d	Related organizations	1d					
Business Code 2 a	S,E				tions) 1e	141,700.				
Business Code 2 a	ioi			- ·		• -				
Business Code 2 a	돌림					544,719.				
Business Code 2 a	풀진		a			· · · · · · · · · · · · · · · · · · ·				
Business Code 2 a	a Co		_		, ia-ii •	>	686,419.			
Total. Add lines 2a/2? Total. Add lines 2a/2?	-					Business Code	-1::•		7117.771111	
Total. Add lines 2a/2? Total. Add lines 2a/2?	စ္ပ	2	а							
Total. Add lines 2a/2? Total. Add lines 2a/2?	ه ڲ		b							
Total. Add lines 2a/2? Total. Add lines 2a/2?	SE		С							
Total. Add lines 2a/2? Total. Add lines 2a/2?	e v		d							
Total. Add lines 2a/2? Total. Add lines 2a/2?	<u>6</u>		e							
Towestment income (including dividends, interest, and other similar amounts) 1,596. 1,596. 1,596. 1,596. 1,596.	₫		f	All other program service reve	enue					
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties (i) Real (ii) Personal (ii) Personal			а	Total. Add lines 2a-2f		•				
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) f or contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gales of inventory Miscellaneous Revenue Business Code 11 a b C c All other revenue e Total. Add lines 11a-11d T Total revenue. See instructions 688,015. 1,596. 0. 0.		3		Investment income (including	dividends, inter	est, and				
The state of the				other similar amounts)		▶ [1,596.	1,596.		
(i) Real (ii) Personal (ii) Personal (ii) Personal (iii) Personal Personal (iii) Personal (iii) Personal Personal (iii) Personal Personal (iii) Personal Persona		4		Income from investment of ta	x-exempt bond p	oroceeds >				
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b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 6 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c All other revenue e Total. Add lines 11a-11d Total revenue. See instructons 688,015. 1,596. 0. 0.					(i) Real	(ii) Personal				
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7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			С	Rental income or (loss)						
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 688 of 015 1,596 0 0 0 0			d	Net rental income or (loss)		•				
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and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$				assets other than inventory						
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C C C C C C C C C C C C C C C C C C C			b	Less: cost or other basis						
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and allowances b Less: cost of goods sold c Net Income or (loss) from sales of Inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions b 688,015. 1,596. 0. 0.					-	. •			······································	
b Less: cost of goods sold c Net Income or (loss) from sales of Inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions b 688,015. 1,596. 0. 0.		10	а	•	returns					
C Net Income or (loss) from sales of Inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions • 688,015. 1,596. 0. 0.										
Miscellaneous Revenue Business Code		ı		-	_	·				
11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 688,015. 1,596. 0. 0.			С			▶				
b c d All other revenue e Total. Add lines 11a-11d		<u> </u>		Miscellaneous Revenu	ue	Business Code				
c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions b 688,015. 1,596. 0.		11	_				·			
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12 Total revenue. See instructions ► 688,015. 1,596. 0. 0.			d		•					
		4.	е				688 015	1 506		<u> </u>
	33200			TUTAL LEVELINE. SEE INSTRUCTIONS			000,013.	1,390.	<u> </u>	Form 990 (2013)

Part IX Statement of Functional Expenses VERMONT BAR FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	<u>.</u>	·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	316,400.	316,400.		
2	Grants and other assistance to individuals in	4- 4			
	the United States. See Part IV, line 22	15,950.	15,950.		·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	56,069.	32,856.	22 212	
, B	Other salaries and wages Pension plan accruals and contributions (include	50,009.	32,030.	23,213.	
٠	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,158.		1 150	
9	Other employee benefits	16,258.	15,618.	1,158.	
0	Payroli taxes	1,927.	13,010.	1,927.	
1	Fees for services (non-employees):			1,721.	
· a	Management				
ь	Legal				· · · ·
c	Accounting	3,500.	-	3,500.	
đ	Lobbying				
e	Professional fundraising services See Part IV, line 17	·			
f	Investment management fees				-
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ī	column (A) amount, list line 11g expenses on Sch O)				
2	Advertising and promotion	1,056.		1,056.	
3	Office expenses	252.		252.	<u> </u>
4	Information technology				
5	Royalties				
6	Occupancy .				
7	Travel				
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u>-</u>			
•	Conferences, conventions, and meetings	855.	113.	742.	
)	Interest _				
l	Payments to affiliates				
2	Depreciation, depletion, and amortization	287.		287.	
3	Insurance	904.		904.	
ļ	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		Vicinitaria		
a	OVERHEAD EXPENSES	8,652.	8,652.		
۳ b	FUND RAISING EXPENSES	4,901.	3,032.		4,90
c	CONTRACT SERVICES	3,625.		3,625.	4,00
d	CONTRACT SPECIFIC COSTS	3,567.	3,567.		
_	All other expenses	2,926.	395.	2,531.	
;	Total functional expenses. Add lines 1 through 24e	438,287.	393,551.	39,835.	4,90
 }	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

XX	Balance Sneet				
	Check if Schedule O contains a response or no	e to any line in this Part X .			
•			(A)		(B)
					End of year
					858 741,827
	· · · · · ·		113,003.		741,027
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		ated employees. Complete		_	
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-		Complete Part II of Sch L			
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_		 			281,695
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	•	100 7,230.	972	40.	587
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	. •	''			
	_				
	•	- Luna 24)	775 196		1,024,967
		ai line 34)	113,130.		1,024,907
		-			
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		<u> </u>			
	•	Part IV of Schodula D		- 1	
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LL	• •	· · · · · · · · · · · · · · · · · · ·			
		ss, and disquaimed persons.		22	
23	,	eted third parties	-		
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		Tr 2 1/1 Complete Fait X of	1,200.	25	1.243
26	•	Ì	1,200.	$\overline{}$	1,243 1,243
	_), check here X and			
27	-	1		27	471,330
		· · ·	773,996.		552,394
	•	Ī			
	•	SC 958), check here ▶	······································		
	·				
30	Capital stock or trust principal, or current funds	i.		30	
	Paid-in or capital surplus, or land, building, or ed	·		31	
31	rajuriji vi capital surplus. Vi lanu. Dullulinu. Vi et	idibilielit idild			
31 32		Г			
31 32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances	Г	773,996.	32 33	1,023,724
	1 2 3 4 5 5 6 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and for trustees, key employees, and highest compensive Part II of Schedule L 6 Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section employers and sponsoring organizations of section employees' beneficiary organizations (see instr). 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 1 13 Investments - other securities. See Part IV, line 1 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equipment) for the securities and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete II 22 Loans and other payables to current and former key employees, highest compensated employees. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Unsecured notes and loans payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, paparties, and other liabilities not included on lines Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and Unrestricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - program-related. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intrangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Taxel liabilities. Add lines 27 through 29, and lines 33 and 34. Unrestricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 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)(B) voluntary employees beneficiary organizations of section 501 (c)(B) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 6,649 873. 11 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 10 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 775,196. 175,196. 175,196. 175,196. 175,196. 175,196. 175,196. 176,196. 1775,1975,1975,1975,1975,1975,1975,1975,	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing

Form **990** (2013)

Form	990 (2013) VERMONT BAR FOUNDATION	03-028	5318	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	688		
2	Total expenses (must equal Part IX, column (A), line 25)	2			87.
3	Revenue less expenses. Subtract line 2 from line 1	3	249		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>773</u>	3,9	96.
5	Net unrealized gains (losses) on investments	5		_	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10	1,023	3,73	24.
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	•		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	n 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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	asis,			
	consolidated basis, or both:			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	iudit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl	e Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit	1 1	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form 9	990 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501 (c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		VERMONT	BAR FOUNDAT	ION					0	3-0285	318	
Part I	Reason 1	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
he organ	ization is not a	private foundation	because it is: (For lines 1	through :	11, check	only one b	ox.)					
1 🔲	A church, cor	vention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	•				
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4	A medical res	earch organization of	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	s nam	ıe,
	city, and state											
5	An organization	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental unr	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governm	ent or governmental unit	described	d ın sectio	n 170(b)(1	I)(A)(v).					
7 X	An organization	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit c	r from the	general	public desci	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 📖	An organization	on that normally rec	erves: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershij	o fees, a	ind gross rec	elpts:	from
	activities relat	ted to its exempt fur	nctions · subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvest	ment
	income and u	inrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	0, 197	'5.
		509(a)(2). (Complete										
10 📙	-		perated exclusively to tes									
11 🔲	•	•	perated exclusively for th		•							or
			ations described in section				2). See se o	ction 509(a	a)(3). Ch	eck the box	that	
			organization and comple									
	a Type !	•			nctionally i					n-functional		-
e 📖	-		t the organization is not									n
_		-	han one or more publicly						8(a)(1) or	section 509	(a)(2).	
f	_		ten determination from t	ne IRS tha	atitisa iy	pe i, Type	II, or Type) III				
		ganization, check th			A l A	.	_646 - 6-11		0			L.,
9			organization accepted an							_	Yes	Na
	-		rectly controls, either al	one or tog	etner with	persons c	escribed	in (ii) and (i	iii) below		res	No
	-		upported organization?	•				•		11g(i)		
	•	=	n described in (i) above?		o2					11g(ii) 11g(iii)		
b			person described in (i) of about the supported org							119(11)		
h	Flovide the it	Showing information	about the supported of	garnzation	(3).							
(1) No		(!!) FIN	(iii) T of annual and	(iv) is the c	organization	(v) Did voi	notify the	(vi) Is	the	(n.11) A a		
	of supported anization	(ii) EIN			sted in your			organizátio (i) organiz	on in col	(vii) Amount sup		netary
o.g.				governing	document?	(i) of you	r support?	ÜŠ	?			
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
				<u></u>	<u> </u>							
									ļ			
							ļ	<u> </u>	ļ			
				ļ		ļ	ļ	ļ	ļ			
<u> [otal</u>				<u> </u>	<u> </u>	<u> </u>	<u>. </u>	L	<u> </u>			
HA For F	Paperwork Re	duction Act Notice	, see the Instructions for	or				Schedul	e A (For	m 990 or 99	0-EZ)	2013

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 VERMONT BAR FOUNDATION

Part II Support Schedule for Organizations Described in Sect 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>Se</u>	tion 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			1000100	1154054	0055504	
	include any "unusual grants.")	1346227.	1135598.	1200130.	1154874.	2055584.	6892413.
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	1246227	1125500	1200130.	1154074	2055504	6002412
4	Total. Add lines 1 through 3	1346227.	1135598.	1200130.	1154874.	2055584.	6892413.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	`' ··	111. 1' 11111111111	1		***************************************		6892413.
	Public support. Subtract line 5 from line 4	,					0072413.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1346227.	1135598.	1200130.	1154874.	2055584.	6892413.
8	Gross income from interest,						
٠	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	18,793.	12,190.	9,020.	5,639.	5,566.	51,208.
9	Net income from unrelated business		•		·		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				·	γ	6943621.
12	Gross receipts from related activities,	, etc. (see ınstructio	ons) .			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				00 26
	Public support percentage for 2013 (, ,	-	olumn (f))		14	99.26 % 98.81 %
	Public support percentage from 2012					15	
16a	33 1/3% support test - 2013. If the				14 IS 33 1/3% or n	nore, check this bo	ox and ►X
	stop here. The organization qualifies		-		 Uma 15 la 22 1/20/		
	33 1/3% support test - 2012. If the				Time 15 is 33 1/3%	or more, check tr	IIS DOX
47.	and stop here. The organization qual		• •		a 13 16a ar 16h <i>i</i>	and line 14 is 10%	or more
1/8	10% -facts-and-circumstances tes and if the organization meets the "fac						
	meets the "facts-and-circumstances"					it is now the organ	▶
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets to						
	organization meets the "facts-and-cire						▶ □
18	Private foundation. If the organization						s •
					_	dule A (Form 990	
							•

332022 09-25-13

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	Ow, please com	piete Fait II.j				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(5) 2000	12,2010	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	1 20.2	15, 2515	17,10101
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
-				-		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						-
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		 		 	 	
6 Total. Add lines 1 through 5			-			-
7a Amounts included on lines 1, 2, and		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		ļ	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ		
8 Public support (Subtract line 7c from line 6)	·	<u> </u>	<u></u>	<u> </u>		
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	s first, second, thir	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ation.
check this box and stop here	organization	o., 5500ma, tim	-, 1001(11) Or mill b		so rayor organiz	▶
Section C. Computation of Public	Support Pe	ercentage			·	
15 Public support percentage for 2013 (lir			column (ft)		15	
16 Public support percentage from 2012			· · · · · · · · · · · · · · · · · · ·		16	
Section D. Computation of Inves			<u>.</u>			
17 Investment income percentage for 201					17	
18 Investment income percentage for 201			,		18	
19a 33 1/3% support tests - 2013. If the c			on line 14, and line	e 15 is more than:		
more than 33 1/3%, check this box an	-					. 15 Hot
b 33 1/3% support tests - 2012. If the c						end -
	-					a.10
line 18 is not more than 33 1/3%, chec					_	~
20 Private foundation. If the organization	, ala not check a	1 DOX OH HINE 14, 19	a, or 190, cneck ti	<u>IIIS DOX AND SEE IN</u>	SUUCIONS	

Schedule A (Form 990 or 990-EZ) 2013 VERMONT BAR FOUNDATION U3-U285318 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
SUPPLEMENTAL INFORMATION SCHEDULE A
Explanation: THE ORGANIZATION HAS HAD A CHANGE IN THE FISCAL YEAR END TO
JUNE 30 EFFECTIVE JULY 1, 2014. THIS HAS BEEN DONE TO CORRESPOND TO BOTH
THE STATE AND FEDERAL FISCAL YEAR ENDS. IN ADDITION, THE ORGANIZATION HAS
CHANGED FROM A MODIFIED ACCRUAL BASIS TO A FULL ACCRUAL BASIS ACCOUNTING
SYSTEM.

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

VERMONT BAR FOUNDATION 03-0285318 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 990, Part IV, line	6.	
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	. Yes No
6	Did the organization inform all grantees, donors, and donor ad	ivisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferring
,	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, Pa	ırt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	fucation) Preservation of an history	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f 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 stru	•••	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structui	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
4	year ►	oment is legated	
4 5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense :	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	0 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	•	\$
b	Assets included in Form 990, Part X	•	> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			. , , , , , , , ,	
Complete if the organization answered "Yes"	to Form 990, Part IV.	line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	-			
(2)				
(3)				
(4)				
(5)			 	
(6)				
(7)		-		
(8)				 .
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			······································	······································
Part IX Other Assets.				
Complete If the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
	Description	····		(b) Book value
(1)				
(2)				-
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		•	
Part X Other Liabilities.				· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11e or 11f. See Form	990. Part X. line 25	_
(a) Description of liability	10 1 01111 000 1 1 1 1 1 1 1 1	(b) Book value		•
(1) Federal income taxes				
(2) PAYROLL TAXES		1,243.		
(3)		1,2100		
(4)				
	+			
(5)				
(6)		• • •		
(7)				
(8)				
(9)		1 040		
fotal. (Column (b) must equal Form 990, Part X, col. (B) lin		1,243.		
Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under				

332053 09-25-13 Schedule D (Form 990) 2013

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

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

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

► Attach to Form 990.

OMB No. 1545-0047	2013	Open to Public	and the second

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

Name of the organization VFRMONT BAR FOLINDATION	AR FOUNDA	NOLL					Employer identification number 03-0285318
Part f General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	l Organizations in the	e United States. C	complete if the orga	ınization answered "\	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addit	ional space is need	Jed.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATT TECHNICAL							
PO BOX 1367							
BURLINGTON, VT 05402	03-0219366		316,400.	0.			LEGAL ASSISTANCE
	:						
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in th	isted in the line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule i (Form 990) (2013)

Schedule I (Form 990) (2013) VERMONT BAR FOUNDATION

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

Part III can be duplicated if additional space is needed.

Page 2

03-0285318

(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
THE PROGRAM ASSISTS INDIVIDUAL LAWYERS WHO HAVE INCURRED SIGNIFICANT EDUCATIONAL DEBT SO THEY CAN WORK IN CIVIL LEGAL AID PROGRAMS.	12	15,950.	*0		
Part IV Supplemental Information. Provide the information required in	quired in Part I, lin	e 2, Part III, column	(b), and any other a	Part I, line 2, Part III, column (b), and any other additional information.	
Part I, Line 2:					
Explanation: ALL ORGANIZATIONS RECEIVI	NG	GRANTS FROM	THE	FOUNDATION ARE	
REQUIRED TO SUBMIT BOTH AN INTERIM	AND	FINAL REPORTS.	THE	FINAL REPORTS	
ARE REQUIRED TO BE RECEIVED BY THE		FOUNDATION IN ORDER FOR	ER FOR THE	THE ORGANIZATION	
TO BE CONSIDERED FOR ANOTHER GRANT.			-		

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

VERMONT BAR FOUNDATION

Employer identification number 03-0285318

Form 990, Part I, Line 1, Description of Organization Mission: DISADVANGED AND FOR PUBLIC EDUCATION RELATING TO THE COURS AND LEGAL MATTERS. Form 990, Part VI, Section A, line 6: Explanation: THE MEMBERS OF THE ORGANIZATION ARE THE INDIVIDUAL LAWYERS. THEY HAVE THE ULTIMATE AUTHORITY OVER THE ORGANIZATION. Form 990, Part VI, Section A, line 7a: Explanation: THE MEMBERS OF THE ORGANIZATION DO NOT PAY MEMBERSHIP DUES, THEY HOWEVER, ARE THE INDIVIDUALS WHO ELECT THE BOARD MEMBERS ON AN BIENNIAL BASIS. ALSO, IF THERE ARE ANY NECESSARY CHANGES TO THE BYLAWS OR GOVERNING DOCUMENTS THE MEMBERS HAVE TO MAKE FINAL APPROVAL. Form 990, Part VI, Section B, line 11: Explanation: THE EXECUTIVE DIRECTOR REVIEWED THE 990 PRIOR TO SUBMISSION TO THE IRS. SUBSECUENT TO FILING FINAL 990 CHAIR OF FINANCE COMMITTEE WILL PERFORM A REVIEW OF THE 990. Form 990, Part VI, Section B, Line 12c: Explanation: AT THE BEGINNING OF EACH FISCAL YEAR AND AT ANY POINT IN TIME WHEN THERE IS A NEW COMMITTEE OR BOARD MEMBER, THE CONFLICT OF INTEREST POLICY IS SIGNED. THE SIGNED CONFLICT OF INTEREST POLICY IS MAINTAINED BY

Form 990, Part VI, Section B, Line 15a:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

THE EXECUTIVE DIRECTOR.