

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-PF**

# Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2014

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-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For ca	<u>lendar</u>	year 2014, or t	tax year beginnin	ıg	, 2014	, and ending			
Name of		_	undation	-			Α	Employer identification num	nber
Number a	and stree		er if mail is not delivered	to street a	address)	I I	В	Telephone number (see instru	
One_	Kenr	edy Drive	, and ZIP or foreign pos	tal anda		L3		(802) 864-011	.5
•		rlington	, and ZIP or loreign pos	tai code	VT	05403	С	If exemption application is [	pending, check here. >
		that apply	Initial return		Initial return of a forme	ar public charity	D	1 Foreign organizations, che	rk hara ►
			Final return		Amended return			3 3	L
			Address chang	ge	Name change			2 Foreign organizations mee here and attach computation	
H Ch		oe of organizatio	1 1		(c)(3) exempt private for			'	L-
			nonexempt charit		<del></del>	rivate foundation	E	If private foundation status under section 507(b)(1)(A),	
I Fair	market m Part l	value of all assets II, column (c), line 1	at end of year	J Acc	. •	ash X Accrual			L
\ ► <u>\$</u>		, ,,,	· 1	(Part I	Other (specify) column (d) must be on o	esh hasis }	F	If the foundation is in a 60- under section 507(b)(1)(B),	
Part		nalysis of Re	,	(, art i,	<u> </u>	<u>,                                      </u>			
<u> </u>			total of amounts and (d) may not ne	ın	(a) Revenue and expenses per books	(b) Net investment income		(c) Adjusted net income	(d) Disbursements for charitable
	co. sa	lùmns (b), (c), a rily equal the an	nd (d) may not ne nounts in column (	ces- (a)					purposes (cash basis only)
	<del></del>	e instructions))			0.6.650				(out.)
	1 2		its, etc, received (attach sche		86,659.				
	*	Ck ►if the for	undn is <b>not</b> required to attach	n SCN B					
	3	•	temporary cash investments		1.		1.		
	4 5 2		rom secunties		143.	14	3.		
	1	Net rental income or (loss)							
R			ale of assets not on line 10		129.	L-6a Stmt			···
E	b	Gross sales price fo assets on line 6a		117.		<u> </u>	_		
V E	7	Capital gain net inco	ome (from Part IV, line 2	?)		12	9.		
N U	8 9		algaın						
Ē		Gross sales less						RECE	IVED
		returns and allowances .							8
	b	Less Cost of goods sold						MAY 2	0 2015
	c	Gross profit or (loss) (all	lach schedule)						192
	11	Other income (attac	h schedule)					<b>X</b>	
	12	Tatal Add bass 1	through 11		86,932.	27	3	- I#OGDE	N. U.
	13		ficers, directors, trustees		00, 932.	+	<del>3.</del>		0.
	14	•	alaries and wages .						
	15		loyee benefits						
A D	1		chedule)L-16a		989.	49	5.		_494.
M			tach sch)		110	11			2
N	17	Interest			_110.	11	0.	0.	0.
O I S T R A T	18		(see instrs) Excise	Tax.	4.	<del> </del>	_		
P S T R A T T	19	Depreciation (attach	n		1.				
l į	200	sch) and depletion							
N V	20		and meetings			<del>  -                                   </del>	_	<del> </del>	
A E	22		itions						
A E N X D P E N	23	Other expenses (att	tach schedule)						
Ň			a _a_t						<del>" -</del>
S E	24	Total operating an expenses Add line	d administrative		1.103.	60	5.	0.	494.
3	25	Contributions, gifts, gran	•		1,103. 250.		<u> </u>		250.
	26	Total expenses an			· · · · · · · · · · · · · · · · · · ·		_	_	
	1~		5	• • • •	1,353.	60	5.	0.	744.
	27 a	Subtract line 26 from Excess of revenue							
		-	s		85,579.				
	1		come (if negative, enter				0.		
	l c	Adjusted net incor	me (if negative, enter -0-	-)	i	i .		1	1

102 T 8 WRY CHANGE.

Part		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
_ art		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	523.	3,286.	3,286.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts	<u> </u>		
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) .			
A		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)	·		
	ŀ	Investments — corporate stock (attach schedule)			
		Investments — corporate bonds (attach schedule) . L-10c. Stmt	8,075.	90,881.	90,881.
		Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans	· · · · · · · · · · · · · · · · · · ·		
	13	Investments – other (attach schedule)		• • •	
	14	Land, buildings, and equipment basis		<del></del>	
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I).	8,598.	94,167.	94,167.
Ŀ	17	Accounts payable and accrued expenses			
Ä	18	Grants payable			
B	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
Ė		Total liabilities (add lines 17 through 22)			
<u> </u>	23	Foundations that follow SFAS 117, check here			-
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted	8,598.	94,167.	
TN	25	Temporarily restricted	0.	0.	
, D	26	Permanently restricted	0.	0.	
A B S A E L T A		Foundations that do not follow SFAS 117, check here . Fand complete lines 27 through 31.			
ΕĻ	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			]
O E	29	Retained earnings, accumulated income, endowment, or other funds			,
RS	30	Total net assets or fund balances (see instructions)	8,598.	94,167.	
	31	Total liabilities and net assets/fund balances (see instructions)	8,598.	94,167.	
Par	t III	Analysis of Changes in Net Assets or Fund Balance			<del> </del>
1	Tota	I net assets or fund balances at beginning of year — Part II. column (	a), line 30 (must agree w	/ith	0.500
_		of-year figure reported on prior year's return)			8,598.
2	Ente	er amount from Part I, line 27a		2	85 <b>,</b> 579.
3	Uther	increases not included in line 2 (itemize)			04 177
4					94,177.
5		eases not included in line 2 (itemize) • <u>Unrealized Los</u> I net assets or fund balances at end of year (line 4 minus line 5) — Pa			10. 94,167.
6	ıota	i net assets of fund balances at end of year (line 4 minus line 5) — Pr	art ii, colulliii (b), iiile 30	· · · · · · · · · · · · · · · · · · ·	1 94,10/.

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)  (b) How ac P — Purc D — Don						d (d) Date sold (month, day, year)	
1 a	Pu	blicly Traded Securiti	.es				
b							
С							
d							
e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	3	(h) Gain (e) plus (f)	minus (g)	
а	8,117.	0.	7	,988.		129.	
b							
c							
d							
е							
		g gain in column (h) and owned by th	<del></del>		(1) Gains ( gain minus columi	Column (h)	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i over column (j), if any		than -0-) or Losses		
a			·			129.	
b							
с							
d			<del></del>				
е						<del></del>	
2	Capital gain net income or (net o	capital loss) If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2	129.	
3	Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an	d (6)	Ī			
		, column (c) (see instructions). If (los			3		
Peri		r Section 4940(e) for Reduce		ent Inco	ome		
Was If 'Ye	s,' the foundation does not qualify	on 4942 tax on the distributable amou	lete this part		Ye	s X No	
_1	Enter the appropriate amount in	each column for each year, see the	nstructions before making any	entries			
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions			Distribut (column (b) divide	on ratio	
	2013	250.	8	,566.		0.029185	
	2012	750.	8	<b>,</b> 785.		0.085373	
	2011	850.	8	,854.		0.096002	
	2010	23,820.	7	,310.		3.258550	
	2009	12,750.	5	,585.		2,282901	
2	Total of line 1, column (d)			[	2	5.752011	
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the tota has been in existence if less than 5 y	on line 2 by 5, or by the ears		3	1.150402	
4	Enter the net value of noncharita	able-use assets for 2014 from Part X,	line 5		4	18,720.	
5	Multiply line 4 by line 3				5	21,536.	
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)			6 0.		
7	Add lines 5 and 6				7	21,536.	
8	Enter qualifying distributions from	m Part XII, line 4			8	_744.	
	If line 8 is equal to or greater that Part VI instructions	an line 7, check the box in Part VI, line	e 1b, and complete that part u	ısıng a 1%	tax rate See the		

Form	990-PF(2014) Vermont Dental Foundation	03-0303902				Page 4	
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	<ul> <li>see instructi</li> </ul>			ns)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		1				0.
	check here . F and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)						J
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2				_0.
3	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		5				0.
	Credits/Payments						
	2014 estimated tax pmts and 2013 overpayment credited to 2014						
	Exempt foreign organizations — tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868) 6 c						i
d	Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d		7				
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	• • •	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. [	10				0.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax • Refunded		11				
	t VII-A   Statements Regarding Activities				— т	V	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?				1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?				1 b		X
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials public or distributed by the foundation in connection with the activities	ished					
С	Did the foundation file Form 1120-POL for this year?			[	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or			0.			, 1
е	foundation managers • \$ 0 .	1					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		
_	If 'Yes.' attach a detailed description of the activities			1			
	, , , , , , , , , , , , , , , , , , ,				- 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes				3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4 a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?				4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х
	If 'Yes,' attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						ı
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that columns that columns are stated in the state of t	nflict					
	with the state law remain in the governing instrument?			[	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			[	7	Χ	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) $\dots \dots \dots$	٠		_ [			
	VT - Vermont			_			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or of for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete	1942(j <i>Part )</i>	)(5) (/V .		9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na and addresses				10		
BAA							2014)

Form	n 990-PF (2014) Vermont Dental Foundation 03-030390	12	Р	age 5
Par	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	. 11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	. 12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
14	The books are in care of Vaughn T. Collins Telephone no (802)	864	<u>_</u>	5
	Located at One Kennedy Drive #L3 South Burlington VT ZIP + 4 05403  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	. 16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1). If 'Yes,' enter the name of the foreign country			
Par	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u>'                                      </u>		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	$\Box$	Yes	No
1 a	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )			,
ŀ	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	. 1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
í	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20			
I	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	. 2 b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2.5	<del></del>	├
•	► 20 , 20 , 20			
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
•	b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)	. 3 b		
4 :	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4 a		Х
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	. 4 b		X

Form **990-PF** (2014)

BAA

Part VIII   Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2014) Vermont Dental Fou			03-030	3902	Page 6			
(1) Carry on propagands, or otherwise attempt to influence legislation (section 4945(p)?).	Part VII-B Statements Regarding Activit	es for Which Form	1 4720 May Be Req	uired (continued)	·				
(2) Influence the outcome of any specific public election (see section 4955), or to carry	•	=							
on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for taviel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc. organization described in section 4940(f)(4)/6) (see enstructions).  (5) Provide for any purpose other than religious, chantable, etc. organization described in section 4940(f)(4)/6) (see enstructions).  (6) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, of for the prevention of crulely to children or animals?  (7) If yes in the foliation of the provided of crule than the security of the grant organization of crule than the securation of crule than the security of the grant of the exceptions described in maintained opposition 53 495 or in a current notice regarding disaster assistance (see instructions).  (6) The answer is Yes to question 54/40 does the foundation claim excerption from the tax because it maintained oppositive responsibility for the grant of tax because it maintained oppositive for the grant of the second o	(1) Carry on propaganda, or otherwise attempt to	o influence legislation (se	ection 4945(e))?	∐Yes ⊠	No				
(4) Provide a grant to an organization other than a charibble, etc. organization described in section 495(6)(4)(8) (see enstructions).  (5) Provide for any purpose other than religious, charibble, escentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  bit any answer is Yes' to Saft)(5)( did any of the transactions fast to quelity under the exceptions (see instructions)?  Organizations relying on a current notice regarding diseated assistance check here.  c if the answer is Yes' to question Sa(4), does the foundation dam exemption from the tax because of inflament inequired by Regulations section Sa(4).  6 a Det the foundation, during the year, precision of the foundation dam exemption from the tax because of inflament required by Regulations section Sa(4).  6 a Det the foundation, during the year, precision and period of the foundation and period to the distribution of the distributi	on, directly or indirectly, any voter registration	n drive?			No				
in section 4945(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4) (see instructions).  (5) Provide for any purpose other than reliquious, charitable, scientific, literary, or educational purposes, of for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than reliquious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (8) If any animals or "Ves" to Square the scientific or animals?  (9) Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  (9) Organizations relying on a current notice regarding disaster assistance check here  (9) If the scientific in the statement notice of the foundation of the grant?  (9) If the scientific the statement negative the specialisms section 35 4945-5(d)  (9) If the scientific the statement negative the specialisms section 35 4945-5(d)  (9) If the scientific the statement negative the scientific the scientification of th	(3) Provide a grant to an individual for travel, stu	dy, or other similar purpo	oses?	Yes X	No				
educational purposes, or for the prevention of cruelty to children or animals?    Value   Valu	(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions)								
described in Regulations serving on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No								
Organizations relying on a cument notice regarding disaster assistance check here	described in Regulations section 53 4945 or in a	current notice regarding	disaster assistance		5 b				
tax because it maintained expenditure responsibility for the grant?  If Yes are the statement required by Regulations section 3 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes to 6, file Form 8870  7 at At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes to 6, file Form 8870  7 at At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes to 6, file Form 8870  7 at At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes to 6, file Form 8870  7 at At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes to 6, file Form 8870  7 at At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes to 6, file Form 8870  The state of the foundation found the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes to No  The Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (CPCompensation (Into paid, enter 4-)  Party of the foundation foundation receive any foundation managers and their compensation (Into paid, enter 4-)  Party of the foundation foundation foundation receive any foundation managers and their compensation (Into paid, enter 4-)  Party of the foundation foundation foundation received any foundation foundatio	•			<del></del>					
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exempt	tion from the	Yes	No				
on a personal benefit contract?									
### 78' to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   Yes   No   17' by   18' by	on a personal benefit contract?								
7 a Al any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		ns, directly or indirectly, o	n a personal benefit con	tract?	· · ·   6 b	X			
Bif Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	·	an a narty to a prohibitor	l toy aboltor transaction?						
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1									
and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Title, and average hours per week devoted to position (ff not paid, enter -0-)  David Baasch One Kennedy Drive #L3 South Burlington VT 05403 David Blanck One Kennedy Drive #L3 South Burlington VT 05403 Seeve Pitmon One Kennedy Drive #L3 South Burlington VT 05403 See Information about Officers, Directors, Trustees, Etc  2 Compensation of five highest-paid employees (other than those Included on line 1 – see instructions). If none, enter NONE.  (a) Name and address of each employee paid more than \$50,000  None  None  Total number of other employees paid over \$50,000		•				<u> </u>			
(a) Name and address		irectors, rrustees,	i odilodiloli malla	gers, riigiliy r ald L	.iiipioyees	,			
Compensation of five highest-paid employee (b)   Compensation	1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see inst	ructions).					
One   Kennedy   Drive   #13	(a) Name and address	hours per week	(If not paid.	<ul> <li>émployee benefit plans and deferred</li> </ul>					
South Burlington   VT   05403   1.00   0.   0.   0.	David Baasch								
David Blanck One Kennedy Drive #L3 South Burlington VT 05403 Steve Pitmon One Kennedy Drive #L3 South Burlington VT 05403 Secretary Secretary South Burlington VT 05403 Secretary Secretary South Burlington VT 05403 Secretary Secretary Secretary South Burlington VT 05403 Secretary	One Kennedy Drive #L3	President							
One Kennedy Drive #L3 South Burlington VT 05403 1.00 0. 0. 0.  Steve Pitmon One Kennedy Drive #L3 South Burlington VT 05403 1.00 0. 0. 0.  See Information about Officers, Directors, Trustees, Etc  Can Description One Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position of the highest-paid employee hours per week devoted to position of the highest-paid employee hours per week devoted to position of the highest-paid employee hours per week devoted to position of the highest-paid employee hours per week devoted to position of the highest-paid employee benefits plans and deferred compensation  None  Total number of other employees paid over \$50,000 None	South Burlington VT 05403	1.00	0.	0.		0.			
South Burlington   VT   05403   1.00   0.   0.   0.									
Steve Pitmon One Kennedy Drive #L3 South Burlington VT 05403 1.00 0. 0. 0.  See Information about Officers, Directors, Trustees, Etc  Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  (b) Title, and average devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances of the religion of th				^		0			
One Kennedy Drive #L3 Secretary South Burlington VT 05403 1.00 0. 0. 0.  See Information about Officers, Directors, Trustees, Etc  O. 0. 0. 0.  Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances (e) Expense account, other allowances of the compensation (e) Expense account, other allowances of the compensation of the compensation (e) Expense account, other allowances of the compensation of the compensation of the compensation (e) Expense account, other allowances of the compensation o		1.00	0.	0.	<u> </u>	<u> </u>			
South Burlington VT 05403 1.00 0. 0. 0. 0. See Information about Officers, Directors, Trustees, Etc 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Steve Pitmon				l				
See Information about Officers, Directors, Trustees, Etc    0		_		0	1	0			
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  other allowances  Total number of other employees paid over \$50,000		1.00	0.	0.	<del></del>	0.			
2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (f) Title, and average hours per week devoted to position  (g) Compensation  (h) Title, and average plans and deferred compensation  (g) Compensation  (h) Title, and average plans and deferred compensation  (h) Total number of other employees paid over \$50,000	See Information about Officers, Directors, Trustees, Etc								
2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (f) Title, and average hours per week devoted to position  (g) Compensation  (h) Title, and average plans and deferred compensation  (g) Compensation  (h) Title, and average plans and deferred compensation  (h) Total number of other employees paid over \$50,000			0.	0.		0.			
paid more than \$50,000 hours per week devoted to position land deferred compensation other allowances	2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ir	nstructions). If none, e	nter 'NONE.'				
None  Total number of other employees paid over \$50,000 None	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	` émployee benefit plans and deferred					
	None			•					
					_				
					<u></u>				
			<u> </u>		<del></del>				

3 Five highest-paid independent contractors for professional services (see instruct	ions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
	_	
5.4-1		27
Total number of others receiving over \$50,000 for professional services		Non
Part X-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat organizations and other beneficiaries served, conferences convened, research papers produced, etc	ion such as the number of	Expenses
1		
Not Applicable - No Direct Charitable Acti	vities	
		0
2		
	<del></del>	
3		<del></del>
4		
PartilX:B: Summary of Program-Related Investments (see instructions	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amount
1		
Not Applicable - No Program-Related Inve	schiefics	0
2		
All other program-related investments. See instructions		
3	- <del>  </del>	
Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	Non
		1.011

	see instructions.)		
1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
	verage monthly fair market value of securities	1 a	17,204.
	verage of monthly cash balances	1 b	1,801.
	aır market value of all other assets (see instructions)		0.
	otal (add lines 1a, b, and c)	1 d	19,005.
	eduction claimed for blockage or other factors reported on lines 1a and 1c		
	attach detailed explanation)	_	
	cquisition indebtedness applicable to line 1 assets	2	
<b>3</b> S	ubtract line 2 from line 1d	3	19,005.
	ash deemed held for charitable activities Enter 1-1/2% of line 3 or greater amount, see instructions)	4	285.
5 N	et value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	18,720.
6 M	linimum investment return. Enter 5% of line 5	6	936.
Part 2		foundat	ions
	and certain foreign organizations check here ▶ □ and do not complete this part.)		=.
	Inimum investment return from Part X, line 6	1	9 <u>3</u> 6.
2 a Ta	ax on investment income for 2014 from Part VI, line 5 · · · · · · · · · · ·		
<b>b</b> In	ncome tax for 2014. (This does not include the tax from Part VI )		
	dd lines 2a and 2b	2 c	0.
3 D	stributable amount before adjustments Subtract line 2c from line 1	3	936.
4 R	lecoveries of amounts treated as qualifying distributions	4	0.
5 A	dd lines 3 and 4	5	936.
<b>6</b> D	eduction from distributable amount (see instructions)	6	0.
7 D	istributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	936.
Part 2	XII Qualifying Distributions (see instructions)		
1 A a E	mounts paid (including administrative expenses) to accomplish charitable, etc, purposes expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	744.
	rogram-related investments — total from Part IX-B	1 b	0.
2 A	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	0.
3 A	mounts set aside for specific charitable projects that satisfy the		
as	cuitability test (prior IRS approval required)	3 a	0.
рC	Cash distribution test (attach the required schedule)	3 b	0.
4 Q	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	744.
5 F E	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment income inter 1% of Part I, line 27b (see instructions)	5	0.
6 A	djusted qualifying distributions. Subtract line 5 from line 4	6	744.
	lote. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo qualifies for the section 4940(e) reduction of tax in those years.	undation	
BAA		F	orm <b>990-PF</b> (2014)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7		-		936.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20			,	
3 Excess distributions carryover, if any, to 2014				
a From 2009 12,478.				
<b>b</b> From 2010 23, 469.				
<b>c</b> From 2011				
<b>d</b> From 2012				
e From 2013 0 .				
f Total of lines 3a through e	36,681.			
4 Qualifying distributions for 2014 from Part				
XII, line 4 ► \$ 744.				
a Applied to 2013, but not more than line 2a		_	0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus		<u>-</u> -		
(Election required — see instructions)	0.			
d Applied to 2014 distributable amount				744.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	192.	-		192.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	- 26 420			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	36,489.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable			-	
amount – see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2014 Subtract lines				
4d and 5 from line 1 This amount must be				
distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(a)(3) (Election				
may be required — see instructions)	0.			<del></del>
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	12,286.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	24,203.			
10 Analysis of line 9				
<b>a</b> Excess from 2010 23, 469.				
<b>b</b> Excess from 2011 414.			İ	
<b>c</b> Excess from 2012 320 .				
d Excess from 2013 0 .			ļ	
<b>e</b> Excess from 2014 0 .			<b>!</b>	
				F 000 DE (0044)

	0-PF(2014) Vermont Dental Fo				03-0303902	
	Private Operating Foundati					N/A
1 a  f	the foundation has received a ruling or detei effective for 2014, enter the date of the rulin	rmination letter tha ig · · · · · · ·	t it is a private opera	ting foundation, and	· · · · · · · · · · · · · · · · [	
<b>b</b> Ch	neck box to indicate whether the foundation_	is a private operat	ing foundation descri	bed in section	4942(J)(3) or	4942(J)(5)
2 a Er	nter the lesser of the adjusted net	Tax year		Prior 3 years		
inv	come from Part I or the minimum vestment return from Part X for ich year listed	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
<b>b</b> 85	% of line 2a					
	ualifying distributions from Part XII, e 4 for each year listed					
d An for	nounts included in line 2c not used directly active conduct of exempt activities					
fo	ualifying distributions made directly ractive conduct of exempt activities ubtract line 2d from line 2c					<u>.</u>
	omplete 3a, b, or c for the ternative test relied upon					
a 'A	ssets' alternative test – enter					
•	) Value of all assets					
•	Yalue of assets qualifying under section 4942(j)(3)(B)(i)					
mı	ndowment' alternative test — enter 2/3 of nimum investment return shown in Part X, e 6 for each year listed					
<b>c</b> 'S	upport' alternative test – enter					•
(1	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3	Largest amount of support from an exempt organization					
	) Gross investment income					-
(Pant)	Supplementary Information ( assets at any time during the	Complete this vear — see ir	part only if the structions.)	foundation ha	d \$5,000 or more	in
alı	formation Regarding Foundation Manage st any managers of the foundation who have ose of any tax year (but only if they have co	e contributed more	than 2% of the total n \$5,000) (See secti	contributions receiv on 507(d)(2))	ed by the foundation b	efore the
			Applicable			· <del>-</del>
b Lı a	st any managers of the foundation who own partnership or other entity) of which the four	10% or more of th ndation has a 10%	e stock of a corporat or greater interest	tion (or an equally la	irge portion of the own	ership of
		Not	Applicable			
2 In	formation Regarding Contribution, Grant	, Gift, Loan, Scho	larship, etc, Progra	ams:		
re	heck here					
a TI	ne name, address, and telephone number o	r e-mail address of	the person to whom	applications should	be addressed:	
	aughn T. Collins ne Kennedy Drive #L3					
	outh Burlington	VT 0540	3 (80	02) 864-0115		
	he form in which applications should be sub-	mitted and informa	tion and materials th	ey should include:		
C	ontact the Foundation					
	ny submission deadlines.					
	ny restrictions or limitations on awards, such estricted to Dental Educat		al areas, charitable fi	ields, kınds of ınstıtu	itions, or other factors	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or contribution show any relationship to any status of Amount foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year Center for Technology - Essex 3 Educational Drive N/A Essex Junction VT 05452 PC Scholarship Fund 250. 250. b Approved for future payment None

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)		
1	Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)		
· a	_			code	<del></del> <del>.</del>			
b				<del>  </del>				
C				+		<del></del>		
d		<u> </u>		<del> </del>				
-				<del></del>				
f								
ď	Fees and contracts from government agencies	-		<del> </del>	-			
_	Membership dues and assessments		_			<del></del>		
3	Interest on savings and temporary cash investments			14	1.			
4	Dividends and interest from securities		· <del></del> · ·	14	143.			
	Net rental income or (loss) from real estate			-				
	Debt-financed property			1 1				
	Not debt-financed property							
6	Net rental income or (loss) from personal property			<del>                                     </del>				
7	Other investment income							
8	Gain or (loss) from sales of assets other than inventory			18	129.			
9	Net income or (loss) from special events			1	120.			
10	Gross profit or (loss) from sales of inventory			<del>                                     </del>				
	Other revenue			<del> </del>				
				1				
ь	<del></del>							
C								
d						<del></del>		
e			-			<del></del> _		
12	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			† <u>†</u>	273.			
13	Total. Add line 12, columns (b), (d), and (e)		·		13	273.		
	worksheet in line 13 instructions to verify calculations				-			
D	4 YVI D. Deletionship of Activities to the	. A	liahmant of Evans	of Duran				
rai	t XVI-B Relationship of Activities to the	Accomp	iisiinient of Exemp	ot Purp	uses			
	e No. Explain below how each activity for which inco	ome is report	ed in column (e) of Part	XVI-A coi	ntributed importantly to t	he		
	▼ accomplishment of the foundation's exempt po	urposes (otne	er than by providing fund	s for suci	n purposes) (See instru	ctions )		
					·			
					<del></del>			
		<del></del>						
		<u> </u>	<del></del> -					
			<u> </u>					
		•				<del>_</del>		
			<del> </del>					
					<del> </del>			
			_					
					·-			
					<u></u>			
					<del></del>	<del></del>		

Form 990-PF (2014) Vermont Dental Foundation 03-0303902

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de	escribed	rganization directly d in section 501(c) o political organiza	of the Code (other	age in any of the er than section 5	e following with an 01(c)(3) organizat	y other or tions) or ii	rganization n section 527,			Yes	No
	_	from the reporting		noncharitable ex	empt organization	n of			1		
								<i>.</i>	1 a (1)		X
(2	•										X
	•	nsactions.								-	
			ncharitable evem	nt organization					1 b (1)		
				_							
(2	,										X
(3											X
(4											X
(5	•	_							<del></del>		<u>X</u>
•	•										<u>X</u>
c Si	haring o	of facilities, equipm	ient, mailing lists,	other assets, or	paid employees.				1 c		<u>X</u>
th ar	e good	s, other assets, or action or sharing a	services given by arrangement, sho	the reporting for w in column (d) t	undation. If the fo the value of the g	undation oods, othe	received less that er assets, or sen	<del></del>	in		
(a) Line	no	(b) Amount involved	(c) Name (	of noncharitable exe	mpt organization	(d)	Description of trans	sfers, transactions, and s	sharing arran	gements	<u> </u>
						<b></b>					
				Not Appl	ıcable	<u> </u>					
						ļ					
					. <u>.</u>						
										_	
		<u> </u>									
				-			-				
						<del>                                     </del>					
	_	-	-								
	-			<del></del>						-	
			-								
	-		-	<del>-</del> -							
	_				<del></del>	1					
d€	escribe	indation directly or d in section 501(c) complete the follow	of the Code (other	d with, or related er than section 5	I to, one or more to 01(c)(3)) or in sec	tax-exemp tion 527?	ot organizations		. X Yes	· 🗌	No
		Name of organiza		<b>(b)</b> Typ	e of organization	,	(c	) Description of relat	tionship		
Verm		State Dental				lation		Overlapping		tora	ites
ACTUR	JIIC C	Deace Delica	1 300100	7 107.07	Trade habbee	1401011	rarcrarry	OVCITAPPING	DEFEC	COLU	
				_		·					
				-							
			<i>[</i>	·- <u>-</u> ·				-			
	Linder o	analties of periory Videol	are that Maye examine	d this return, including	accompanying schedi	iles and stat	ements and to the he	est of my knowledge and be	elief it is true		
	correct,	and complete Declaration	on of preparer (other tha	in taxpayer) is based	on all information of wh	ich preparer	has any knowledge	st of my knowledge and be	ener, it is true,		
Sign					ر ا مراسم	/			May the this retur	RS disci	iss
Here		/////			12/12/13	5 ▶ <sub>F</sub>	Executive	Director	preparer	shown b	elow
	Signat	ture of officer or trustee			Date		tle		_ (see insti	Yes	No
		Pnnt/Type preparer's n	ame	Preparer's	signature	1	Date	Check of	PTIN		
					PD D		1. 2		1	1404	
Paid		Wallace W.			alkan //	cogoic s ca	11 11 11 11 11 11 11 11 11 11 11 11 11	self-employed	[P00070	1404	
Prepa		Firm's name	Tapıa & Hı	_	.C.			Firm's EIN ► 47-1	<u>371818</u>		
Use C	nly	Firm's address	P.O. Box 3	38							
		<u> </u>	Vergennes			VT 05	491	Phone no (802	<u>) 870-</u>	<u> 7086</u>	
BAA									Form 99	0-PF (	2014)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Employer identification number Name of the organization Vermont Dental Foundation 03-0303902 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious. charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

1 of **Part 1** 

Name of organization

Vermont Dental Foundation

Employer identification number 03-0303902

Partl	Contributors (see instructions) Use duplicate copies of Part I if additional space	s needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Vermont State Dental Society Relief Fund  One Kennedy Drive #L3  South Burlington VT 05403	\$ <u>86,655.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)

## Form 990-PF Part I, Line 6a

## **Net Gain or Loss From Sale of Assets**

2014

ame	Employer Identification Nu	mper
Vermont Dental Foundation	on 03-0303902	
Asset Information:		
Description of Property	Publicly Traded Securities	
Date Acquired . Various	How Acquired Purchased	
Date Sold Various	Name of Buyer: Unrelated Third Parties	
	117. Cost or other basis (do not reduce by depreciation) 7,988.	
Sales Expense		
Total Gain (Loss)	0. Valuation Method: Cost  129. Accumulation Depreciation:	
Description of Property.	125.	
Date Acquired.	How Acquired	
Date Sold	Name of Buyer	
	Cost or other basis (do not reduce by depreciation)	
Sales Price	Valuation Method	
Sales Expense Total Gain (Loss)	Valuation Method	
Description of Property:	Accumulation Depreciation:	
	How Acquired	
Date Acquired .		<del></del>
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation:	
Description of Property		
Date Acquired	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation:	· · · · · · · · · · · · · · · · · · ·
Description of Property	· · · · · · · · · · · · · · · · · · ·	
Date Acquired .	How Acquired	
Date Sold·	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method:	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property		
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method:	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property		
Date Acquired .	How Acquired	
Date Sold <sup>.</sup>	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	_
Description of Property		
Date Acquired .	How Acquired	
Date Sold	Name of Buyer	
Sales Price		
Sales Expense		<del></del>
Total Gain (Loss).	Accumulation Depreciation	· · · -
	·	

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person. X Business . Stuart Corso				
One Kennedy Drive #L3	Trustee			
South Burlington VT 05403  Person. X Business . Charles Hill	1.00	0	0.	0.
One Kennedy Drive #L3	Trustee			
South Burlington VT 05403  Person. X Business  Vaughn T. Collins	1.00	0.	0.	0.
One Kennedy Drive #L3	Executive Director			
South Burlington VT 05403	2.00	0.	0.	0.

Total

0.	0.	0.

Form 990-PF, Page 1, Part I Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
English, Carroll & Boe, P.C	Legal Services	989.	495.		494.
Total		989.	495.		494.

Form 990-PF, Page 1, Part I
Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
People's United Wealth Management	Investment Management	110.	110.	0.	0.
Total		110.	110.	0.	0.

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

,	End of Year		
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value	
Dreyfus Institutional Cash Management Fund #288	90,881.	90,881.	
Total	90,881.	90,881.	

#### **Additional Information**

Part VII-A, Line 10	
During the year 2014, the following entity became a substant contributor to the Foundation:	tıal
Vermont State Dental Society Relief Fund	
One Kennedy Drive, #L3 South Burlington VT 05403	