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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation SEVENTH GENERATION FOUNDATION INC		A Employer identification number 45-5204475	
Number and street (or P O box number if mail is not delivered to street address) 60 LAKE STREET		B Telephone number (see instructions) (802) 658-3773	
City or town, state or province, country, and ZIP or foreign postal code BURLINGTON, VT 05401		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 4,686		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	190,595			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	190,595	0		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .				
	b Accounting fees (attach schedule). . . . .	4,000	0		2,000
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	2,351	0		1,176
	24 <b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	6,351	0		3,176
	25 Contributions, gifts, grants paid . . . . .	231,601			231,601
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	237,952	0		234,777
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-47,357			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	53,043	4,686	4,686
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	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 schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	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 ▶ _____ 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)	53,043	4,686	4,686	
Liabilities	17	Accounts payable and accrued expenses . . . . .	5,000	4,000	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .	5,000	4,000	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	48,043	686	
	30	Total net assets or fund balances(see instructions) . . . . .	48,043	686	
31	Total liabilities and net assets/fund balances(see instructions) . . . . .	53,043	4,686		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	48,043
2	Enter amount from Part I, line 27a . . . . .	2	-47,357
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	686
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	686

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	185,681	89,750	2 068869
2013	159,902	84,599	1 890117
2012	148,635	1,936	76 774277
2011			
2010			

2	Total of line 1, column (d). . . . .	2	80 733263
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	26 911088
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	47,772
5	Multiply line 4 by line 3. . . . .	5	1,285,596
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	0
7	Add lines 5 and 6. . . . .	7	1,285,596
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	234,777

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions


Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/>			
		and enter "N/A" on line 1			
		Date of ruling or determination letter _____			
		(attach copy of letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	0
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		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-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	0
6		Credits/Payments			
a		2015 estimated tax payments and 2014 overpayment credited to 2015		6a	
b		Exempt foreign organizations—tax withheld at source. . . . .		6b	
c		Tax paid with application for extension of time to file (Form 8868). . . . .		6c	
d		Backup withholding erroneously withheld. . . . .		6d	
7		Total credits and payments. Add lines 6a through 6d. . . . .		7	0
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		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	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-A

Statements Regarding Activities

1a		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? . . . . .			Yes	No
				1a		No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .		1b		No
		If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.				
c		Did the foundation file Form 1120-POL for this year? . . . . .		1c		No
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 \$ 0				
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0				
2		Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.		2		No
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		No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		4a		No
b		If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		4b		
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T.		5		No
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
		• By language in the governing instrument, or				
		• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .		6		No
7		Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. . . . .		7	Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) VT				
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 .		8b	Yes	
9		Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .		9		No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.  . . . . .		10	Yes	

Part 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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶SEVENTHGENERATION.COM	13	Yes	
14	The books are in care of ▶PENNY JOHNSON Telephone no ▶(802) 658-3773 Located at ▶60 LAKE STREET BURLINGTON VT ZIP+4 ▶05401			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2015, 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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
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 2015? . . . . .	1c		No
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))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 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?( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A )? (see instructions).

☐ Yes ☒ No

(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 ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" 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

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

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 (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000.

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .	0
--	---

## Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	

[illegible]

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	48,499
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	48,499
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	48,499
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) . . . . .	4	727
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	47,772
6	Minimum investment return.Enter 5% of line 5. . . . .	6	2,389

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	2,389
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	2,389
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	2,389
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	2,389

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	234,777
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	234,777
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	234,777

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				2,389
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				
c From 2012. . . . .				148,635
d From 2013. . . . .				155,672
e From 2014. . . . .				181,193
f Total of lines 3a through e. . . . .	485,500			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 234,777				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2015 distributable amount. . . . .				2,389
e Remaining amount distributed out of corpus	232,388			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	717,888			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 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(g)(3) (Election may be required - see instructions). . . . .	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	717,888			
10 Analysis of line 9				
a Excess from 2011. . . . .				
b Excess from 2012. . . . .				148,635
c Excess from 2013. . . . .				155,672
d Excess from 2014. . . . .				181,193
e Excess from 2015. . . . .				232,388

## Part XIV

2012-03-23

4942(j)(3) or 4942(j)(5)

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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## Part XV

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

• List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

## 2

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	231,601
b Approved for future payment				
Total . . . . .			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .					
<b>4</b>	Dividends and interest from securities. . . . .					
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property . . . . .					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory . . . . .					
<b>11</b>	Other revenue <b>a</b> _____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal Add columns (b), (d), and (e). . . . .		0		0	0
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )			<b>13</b>		0


[illegible]



Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ASHLEY ORGAIN	EXECUTIVE DIRECTOR/ PRESID 5 00	0	0	0
60 LAKE STREET BURLINGTON,VT 05401				
CHRIS LYON	SECRETARY 1 00	0	0	0
60 LAKE STREET BURLINGTON,VT 05401				
HEATHER DODGE	TREASURER 1 00	0	0	0
60 LAKE STREET BURLINGTON,VT 05401				
CRYSTAL DUNCAN	DIRECTOR 1 00	0	0	0
60 LAKE STREET BURLINGTON,VT 05401				
KAY GEBHARDT	CHAIR 1 00	0	0	0
60 LAKE STREET BURLINGTON,VT 05401				
PETER GRAHAM	DIRECTOR 1 00	0	0	0
60 LAKE STREET BURLINGTON,VT 05401				
JOHN REPLOGLE	DIRECTOR 1 00	0	0	0
60 LAKE STREET BURLINGTON,VT 05401				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AIS FOUNDATION 1275 K STREET NW SUITE 250 WASHINGTON,DC 20005		501(C)3	TO MATCH EMPLOYEE GIFT	30
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA,GA 303031002		501(C)3	TO MATCH EMPLOYEE GIFT	135
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS,TX 752314596		501(C)3	TO MATCH EMPLOYEE GIFT	25
AMERICAN SUSTAINABLE BUSINESS COUNCIL 45 W 36TH ST 6TH FLOOR NEW YORK,NY 10018		501(C)3	TO PROVIDE FUNDS FOR COMPANIES FOR SAFER CHEMICALS CAMPAIGN	40,000
BCA 135 CHURCH ST BURLINGTON,VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	50
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB,UT 84741		501(C)3	TO MATCH EMPLOYEE GIFT	200
BREAST CANCER FUND 1388 SUTTER STREET STE 400 SAN FRANCISCO,CA 941095400		501(C)3	TO PROVIDE CAMPAIGN FOR SAFE COSMETICS	30,000
BROOKLINE COMMUNITY HEALTH CENTER 43 GARRISON ROAD BROOKLINE,MA 02445		501(C)3	TO MATCH EMPLOYEE GIFT	50
BROOKS SCHOOL 1160 GREAT POND RD NORTH ANDOVER,MA 01845		501(C)3	TO MATCH EMPLOYEE GIFT	50
BURLINGTON FRIENDS MEETING 173 NORTH PROSPECT STREET BURLINGTON,VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	100
CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA ROAD CASCO,ME 04015		501(C)3	TO MATCH EMPLOYEE GIFT	50
CAMP TA-KUM-TA PO BOX 459 SOUTH HERO,VT 05486		501(C)3	TO SUPPORT SUMMER PROGRAM 2015 COMMUNITY BUILDING GRANT	5,000
CARSHARE VERMONT 131 ST PAUL ST BURLINGTON,VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	90
CATAMOUNT OUTDOOR FAMILY CENTER 592 GOVERNOR CHITTENDEN ROAD WILLISTON,VT 05495		501(C)3	TO MATCH EMPLOYEE GIFT	140
CENTER FOR ANIMAL RESEARCH & EDUCATION 245 COUNTY RD 3422 BRIDGEPORT,TX 76426		501(C)3	TO MATCH EMPLOYEE GIFT	50
<b>Total . . . . .</b>  <b>3a</b>				231,601


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CHITTENDEN EMERGENCY FOOD SHELF 28 N WINOOSKI AVE BURLINGTON,VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	1,761
CLEAN AND HEALTHY NEW YORK 62 GRAND ST ALBANY,NY 12207		501(C)3	TO SUPPORT JUST GREEN PROMOTES CSPA 2015 SUSTAINABILTY GRANT	30,000
COALITION TO UNCHAIN DOGS PO BOX 3259 DURHAM,NC 27715		501(C)3	TO MATCH EMPLOYEE GIFT	50
COTS PO BOX 1616 BURLINGTON,VT 05402		501(C)3	2015 COMMUNITY BUILDING GRANT	1,750
DANA FABER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE,MA 02445		501(C)3	TO MATCH EMPLOYEE GIFT	300
DARDEN SCHOOL OF BUSINESS 100 DARDEN BLVD CHARLOTTESVILLE,VA 22903		501(C)3	TO MATCH EMPLOYEE GIFT	50
DRAGONHEART VERMONT INC PO BOX 65301 BURLINGTON,VT 05406		501(C)3	TO MATCH EMPLOYEE GIFT	299
DURHAM RESCUE MISSION PO BOX 11858 DURHAM,NC 27703		501(C)3	TO MATCH EMPLOYEE GIFT	50
EASTERN MAINE HEALTHCARE SYSTEMS CHARLES A DEAN MEMORIAL HOSPITAL 1 CUMBERLAND ST BANGOR,ME 04402		501(C)3	TO MATCH EMPLOYEE GIFT	150
FAMILY SERVICES OF THE PIEDMONT WASHINGTON STREET BUILDING 315 EAST WASHINGTON ST GREENSBORO,NC 27401		501(C)3	TO MATCH EMPLOYEE GIFT	50
FARM & WILDERNESS FOUNDATION INC 263 FARM AND WILDERNESS PLYMOUTH,VT 05056		501(C)3	TO PROVIDE SUPPORT FOR CAMPERSHIP PARTNERSHIP FOR REFUGEE YOUTH IN VT	5,000
FLYNN THEATRE 153 MAIN STREET BURLINGTON,VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	250
FRIENDS OF GANONDAGAN PO BOX 113 VICTOR,NY 14564		501(C)3	TO MATCH EMPLOYEE GIFT	125
GEORGETOWN UNIVERSITY PO BOX 571253 WASHINGTON,DC 20057		501(C)3	TO MATCH EMPLOYEE GIFT	20
GIRLY GIRL PARTS PO BOX 1281 EAST SANDWICH,MA 02537		501(C)3	TO MATCH EMPLOYEE GIFT	250
<b>Total . . . . .</b>				231,601

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GLOBAL ALLIANCE FOR COMMUNITY EMPOWERMENT PO BOX 12114 OLYMPIA,WA 98502		501(C)3	TO MATCH EMPLOYEE GIFT	250
HOPE ANIMAL RESCUE 5008 MILLER DRIVE DURHAM,NC 27704		501(C)3	TO MATCH EMPLOYEE GIFT	50
INFORMED GREEN SOLUTIONS PO BOX 60 EAST BURKE,VT 05832		501(C)3	TO PROVIDE SAFE PRODUCTS FOR VT CHILDCARE	15,000
INSPIRING KIDS INC C/O AMY NEUMAN PO BOX 890 144 HICKORY HILL RD NORWICH,VT 05055		501(C)3	TO SUPPORT COMMUNITY DAYS AND FUNDS	3,000
INTERVALE CENTER 180 INTERVALE ROAD BURLINGTON,VT 05401		501(C)3	TO STRENGTHEN COMMUNITY FOOD SYSTEMS PROGRAM	2,500
KIDZNOTES 120 MORRIS STREET DURHAM,NC 27701		501(C)3	TO MATCH EMPLOYEE GIFT	50
KITCHEN TABLE CAMPAIGNS 1050 30TH STREET NW WASHINGTON,DC 20007		501(C)3	TO SUPPORT SAFER CHEMICALS FOR HEALTHY FAMILIES	15,000
LAKE CHAMPLAIN COMMUNITY SAILING CENTER PO BOX 64818 BURLINGTON,VT 05406		501(C)3	TO SUPPORT THE ADAPTIVE WATERSPORTS PROGRAM	1,940
LAKE CHAMPLAIN INTERNATIONAL 531 MAIN ST COLCHESTER,VT 05446		501(C)3	TO SUPPORT HEALTHY WATERS HEALTHY CHILDREN PROGRAM	5,000
LAKE CHAMPLAIN MARITIME MUSEUM 4472 BASIN HARBOR RD VERGENNES,VT 05491		501(C)3	TO SUPPORT LAKE ADVENTURE CAMPS SCHOLARSHIP PROGRAM	5,000
LAKE CHAMPLAIN WALDORF SCHOOL 359 TURTLE LANE SHELBURNE,VT 05482		501(C)3	TO MATCH EMPLOYEE GIFT	250
LEAD SAFE AMERICA FOUNDATION PO BOX 820044 PORTLAND,OR 97282		501(C)3	TO MATCH EMPLOYEE GIFT	625
LEUKEMIA & LYMPHOMA SOCIETY 3601 EISENHOWER AVE SUITE 540 ALEXANDRIA,VA 22304		501(C)3	TO MATCH EMPLOYEE GIFT	150
LUND FAMILY CENTER 76 GLEN ROAD BURLINGTON,VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	285
MAMA SAYS HANDLE WITH LOVE PO BOX 22 EAST MONPELIER,VT 05651		501(C)3	TO MATCH EMPLOYEE GIFT	100
<b>Total . . . . .</b>				231,601

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MANCHESTER COMMUNITY LIBRARY 138 CEMETERY AVENUE MANCHESTER CENTER,VT 05255		501(C)3	TO MATCH EMPLOYEE GIFT	250
MAYO CLINIC 200 FIRST ST SW ROCHESTER,MN 55905		501(C)3	TO MATCH EMPLOYEE GIFT	50
MDA MUSCLE WALK OF RALEIGH 222 S RIVERSIDE PLAZA SUITE 1500 CHICAGO,IL 60606		501(C)3	TO MATCH EMPLOYEE GIFT	20
MERCY CORPS PO BOX 2669 DEPT W PORTLAND,OR 972082669		501(C)3	TO MATCH EMPLOYEE GIFT	50
MID-OHIO FOOD BANK 3960 BROOKHAM DRIVE GROVE CITY,OH 43123		501(C)3	TO MATCH EMPLOYEE GIFT	250
MOVEMBER FOUNDATION PO BOX 1595 CULVER CITY,CA 90232		501(C)3	TO MATCH EMPLOYEE GIFT	20
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 845945 BOSTON,MA 022845945		501(C)3	TO MATCH EMPLOYEE GIFT	100
NC STATE STUDENT AID ASSOCIATION PO BOX 37100 RALEIGH,NC 276277100		501(C)3	TO MATCH EMPLOYEE GIFT	250
OXFAM- AMERICA INC 226 CAUSEWAY ST 5TH FLOOR BOSTON,MA 02114		501(C)3	TO MATCH EMPLOYEE GIFT	100
PIKE SCHOOL 34 SUNSET ROCK ROAD ANDOVER,MA 01810		501(C)3	TO MATCH EMPLOYEE GIFT	50
RONALD MCDONALD HOUSE CHARITIES 16 SOUTH WINOOSKI AVENUE BURLINGTON,VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	50
SARA HOLBROOK COMMUNITY CENTER 66 NORTH AVE BURLINGTON,VT 05401		501(C)3	TO SUPPORT BOB & MAGGIE GREEN YOUTH ADVENTURE PROGRAM	5,000
SHELBURNE COMMUNITY SCHOOL PTO 345 HARBOR ROAD SHELBURNE,VT 05482		501(C)3	TO MATCH EMPLOYEE GIFT	150
SPECTRUM YOUTH & FAMILY SERVICES INC 31 ELMWOOD AVE BURLINGTON,VT 05401		501(C)3	TO SUPPORT SLEEP OUT AND MATCH EMPLOYEE CONTRIBUTIONS	4,257
STERN CENTER FOR LANGUAGE & LEARNING 183 TALCOTT ROAD SUITE 101 WILLISTON,VT 05495		501(C)3	TO MATCH EMPLOYEE GIFT	250
<b>Total . . . . .</b>  <b>3a</b>				231,601

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SUSAN G KOMEN BREAST CANCER FOUNDATION 600 AIRPORT BLVD STE 100 MORRISVILLE,NC 27560		501(C)3	TO MATCH EMPLOYEE GIFT	125
TRAVIS ROY FOUNDATION 60 STATE STREET8TH FLOOR BOSTON,MA 02109		501(C)3	TO MATCH EMPLOYEE GIFT	20
TREKKERS INC 41 BUTTERMILK DRIVE THOMASTON,ME 04861		501(C)3	TO MATCH EMPLOYEE GIFT	250
TRIKE THEATER FOR YOUTH PO BOX 2537 BENTONVILLE,AR 72712		501(C)3	TO MATCH EMPLOYEE GIFT	250
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD,CT 06106		501(C)3	TO MATCH EMPLOYEE GIFT	50
UMASS BOSTON UNIVERSITY ADVANCEMENT 100 MORRISSEY BLVD BOSTON,MA 02125		501(C)3	TO MATCH EMPLOYEE GIFT	50
UNICEF 125 MAIDEN LANE 10TH FLOOR NEW YORK,NY 10030		501(C)3	TO MATCH EMPLOYEE GIFT	150
UNITED WAY OF CHITTENDEN COUNTY 412 FARRELL ST SUITE 200 SOUTH BURLINGTON,VT 05403		501(C)3	TO MATCH EMPLOYEE GIFT	50
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON,OH 454697053		501(C)3	TO MATCH EMPLOYEE GIFT GIFTTO MATCH EMPLOYEE GIFT	75
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE FOUNDATION 411 MAIN ST BURLINGTON,VT 05401		501(C)3	TO MATCH EMPLOYEE GIFT	50
VERMONT FOODBANK 33 PARKER ROAD BARRE,VT 05641		501(C)3	TO MATCH EMPLOYEE GIFT	150
VERMONT INSTITUTE OF NATURAL SCIENCE PO BOX 1281 QUECHEE,VT 05059		501(C)3	TO SUPPORT VINS ENVIRONMENTAL EDUCATION SCHOLARSHIP FUND AND TO MATCH EMPLOYEE GIFT	5,075
VERMONT WORKS FOR WOMEN INC 32A MALLETTS BAY AVE WINOOSKI,VT 05404		501(C)3	TO SUPPORT DIRT DIVA AND ROSIE'S GIRLS	4,000
VNA OF CHITTENDEN AND GRAND ISLE COUNTIES 1110 PRIM ROAD COLCHESTER,VT 05446		501(C)3	TO MATCH EMPLOYEE GIFT	144
VPIRG FUND 141 MAIN STREET STE 6 MONTPELIER,VT 05602		501(C)3	TO SUPPORT ALLIANCE FOR A CLEAN & HEALTHY VT 2015 SUSTAINABILITY GRANT	30,000
<b>Total . . . . .</b>				231,601

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WASHINGTON TOXICS COALITION 4649 SUNNYSIDE AVE N SEATTLE,WA 98103		501(C)3	TO SUPPORT SAFTER STATES, 2015 SUSTAINABILITY GRANT	15,000
WILLISTON FAMILIES AS PARTNERS 195 CENTRAL SCHOOL DRIVE WILLISTON,VT 05495		501(C)3	TO MATCH EMPLOYEE GIFT	40
<b>Total . . . . .</b>				231,601

TY 2015 Accounting Fees Schedule

**Name:** SEVENTH GENERATION FOUNDATION INC

**EIN:** 45-5204475

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,000	0		2,000

**TY 2015 Cash Deemed Charitable Explanation Statement**

**Name:** SEVENTH GENERATION FOUNDATION INC

**EIN:** 45-5204475

**Explanation:** ALL CASH DONATED WILL BE USED FOR ADMINISTRATIVE  
EXPENSES OR CHARITABLE PURPOSES.

## TY 2015 Other Expenses Schedule

**Name:** SEVENTH GENERATION FOUNDATION INC

**EIN:** 45-5204475

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BUSINESS FEES	1,998	0		999
BANK CHARGES	353	0		177

**TY 2015 Substantial Contributors  
Schedule**

**Name:** SEVENTH GENERATION FOUNDATION INC

**EIN:** 45-5204475

Name	Address
SEVENTH GENERATION	60 LAKE STREET BURLINGTON, VT 05401

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>SEVENTH GENERATION FOUNDATION INC</div>	<div>Employer identification number</div> <div>45-5204475</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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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.

General Rule

☒ 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 other 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<sup>1</sup>/<sub>3</sub>% 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SEVENTH GENERATION FOUNDATION INC	<b>Employer identification number</b> 45-5204475
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SEVENTH GENERATION	\$ 190,000	Person <input checked="" type="checkbox"/>
	60 LAKE STREET		Payroll <input type="checkbox"/>
	BURLINGTON, VT 05401		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Employer identification number</b>
45-5204475

**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

<b>Employer identification number</b>
45-5204475

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div> <div></div>	<div></div> <div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div> <div></div>	<div></div> <div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div> <div></div>	<div></div> <div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div> <div></div>	<div></div> <div></div> <div></div> <div></div>	