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For calendar year 2015, or tax year beginning 09-01-2015 , and ending 08-31-2016

Name of foundation GEORGE W MERGENS FOUNDATION		A Employer identification number 03-0345055	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 633		Room/suite 	
City or town, state or province, country, and ZIP or foreign postal code MILTON, VT 05468		B Telephone number (see instructions) (802) 893-4854	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <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			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 20,480,610		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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)	11,574,659			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	256,786	256,786		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	100,376			
	b Gross sales price for all assets on line 6a _____ 1,019,405				
	7 Capital gain net income (from Part IV , line 2)		100,376		
	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 Total. Add lines 1 through 11	11,931,821	357,162		
	13 Compensation of officers, directors, trustees, etc	100,000	35,000		65,000
	14 Other employee salaries and wages	193,750	38,438		111,875
	15 Pension plans, employee benefits	58,402	15,679		35,753
	16a Legal fees (attach schedule).	3,977	1,988		0
	b Accounting fees (attach schedule).	4,379	2,190		0
	c Other professional fees (attach schedule)	29,779	29,779		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	31,480	5,618		13,531
	19 Depreciation (attach schedule) and depletion	1,691	0		
	20 Occupancy	21,248	0		0
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	10,572	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	455,278	128,692		226,159
	25 Contributions, gifts, grants paid	480,883			480,883
	26 Total expenses and disbursements. Add lines 24 and 25	936,161	128,692		707,042
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	10,995,660			
	b Net investment income (if negative, enter -0-)		228,470		
	c Adjusted net income (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			
	2	Savings and temporary cash investments	388,157	10,567,233	10,567,233
	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)	57,756		
	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)	8,863,100	9,732,556	9,906,091
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____	2,344	7,286	7,286
Liabilities	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	9,311,357	20,307,075	20,480,610
	17	Accounts payable and accrued expenses		58	
	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)	0	58	
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	9,311,357	20,307,017	
	30	Total net assets or fund balances (see instructions)	9,311,357	20,307,017	
	31	Total liabilities and net assets/fund balances (see instructions)	9,311,357	20,307,075	

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	9,311,357
2	Enter amount from Part I, line 27a	2	10,995,660
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	20,307,017
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	20,307,017

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	See Additional Data Table			
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	See Additional Data Table		
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 Losses (from col (h)) (l)
(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	See Additional Data Table		
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	100,376
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	423,180	9,667,029	0 043776
2013	392,046	9,941,464	0 039435
2012	358,790	9,900,593	0 036239
2011	354,623	9,613,689	0 036887
2010	414,698	9,871,985	0 042008

2	Total of line 1, column (d).	2	0 198345
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	0 039669
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	17,132,306
5	Multiply line 4 by line 3.	5	679,621
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	2,285
7	Add lines 5 and 6.	7	681,906
8	Enter qualifying distributions from Part XII, line 4.	8	707,042

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 VII

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	2,285
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	2,285
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	2,285
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	7,200	
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	7,200
8 Enter any penalty for underpayment of estimated tax Check here <input checked="" 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	
10 Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	4,915
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input checked="" type="checkbox"/> 4,915 Refunded <input type="checkbox"/>		11	0

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?	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? 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	1b		No
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 <input checked="" type="checkbox"/> \$ 0 (2) On foundation managers <input checked="" type="checkbox"/> \$ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 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	Yes	
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) <input checked="" type="checkbox"/> 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		No

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 ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>PAUL MERGENS</u> Telephone no ► <u>(802) 862-6770</u> Located at ► <u>PO BOX 633 MILTON VT</u> ZIP+4 ► <u>05468</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —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 checked="" type="checkbox"/> Yes <input 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? (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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			No
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 not 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). 2b			
c	If the provisions of section 4942(a)(2) are being applied to any 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)? ☐ Yes ☒ No **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? ☐ Yes ☒ No **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? ☐ Yes ☒ No **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
PAUL MERGENS PO BOX 718 MILTON, VT 05468	PRESIDENT 40 00	100,000	27,230	0
MARY MERGENS-LOUGHRAN PO BOX 26 SHELBURNE, VT 05482	VICE PRESIDENT 5 00	0	0	0
LENORA MERGENS PO BOX 718 MILTON, VT 05468	SECRETARY 5 00	0	0	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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WILLIAM H WILTSHIRE PO BOX 9338 SOUTH BURLINGTON, VT 05407	DIR OF OPERATIONS 40 00	100,000	16,448	0
CECILIA PLUM 410 HILDRED DRIVE BURLINGTON, VT 05401	DIR OF FINANCE 40 00	56,250	2,840	0

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		

Total 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
1 THE GEORGE W MERGENS FOUNDATION PROVIDES GRANTS TO 501(C)(3) ORGANIZATIONS FOR VARIOUS CHARITABLE PURPOSES	0
2	
3	
4	

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
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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	10,110,238
b	Average of monthly cash balances.	1b	7,282,966
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	17,393,204
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	17,393,204
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	260,898
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	17,132,306
6	Minimum investment return. Enter 5% of line 5.	6	856,615

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	856,615
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	2,285
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2,285
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	854,330
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	854,330
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	854,330

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	707,042
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	707,042
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	2,285
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	704,757

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				854,330
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.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 707,042				
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.				707,042
e Remaining amount distributed out of corpus	0			
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	0			
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.				147,288
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.	0			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

Private Operating Foundations (see instructions and Part VII-A, question 9)

☐ 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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Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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))

See Additional Data Table

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 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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.

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

PAUL MERGENS
PO BOX 633
MILTON, VT 05468
(802) 862-6770

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

ANY FORM OF APPLICATION IS ACCEPTABLE INCLUDE ORGANIZATIONAL INFORMATION AND INFORMATION ON THE CHARITABLE USE OF FUNDS

Any submission deadlines

NONE

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

NONE

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)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>▶ 3a</div>	480,883
<div>b Approved for future payment</div>				
<div>Total</div>			<div>▶ 3b</div>	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

(1) Cash.

(2) Other assets.

- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

* * * * *

Title

May the IRS discuss this return with the preparer shown below

(see instr.)? ☒ Yes ☐ No

PTIN	P00178928
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Firm's EIN ▶ 03-0210880

Phone no (802) 654-7255

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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)	(d) Date sold (mo , day, yr)
PUBLICLY TRADED SECURITIES - MERCHANTS TRUST CO X5673 S/T COVERED	P		
PUBLICLY TRADED SECURITIES - MERCHANTS TRUST CO X5673 L/T COVERED	P		
PUBLICLY TRADED SECURITIES - MERCHANTS TRUST CO X5673 L/T NON COVERED	P		
PUBLICLY TRADED SECURITIES - MERCHANTS TRUST CO X5673 S/T CAP GAIN DIST	P		
PUBLICLY TRADED SECURITIES - MERCHANTS TRUST CO X5673 L/T CAP GAIN DIST	P		
PUBLICALLY TRADED SECURITIES - MERCHANTS TRUST COMPANY X15673 L/T COVERED	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
297,824		293,797	4,027
259,518		274,385	-14,867
55,000		57,756	-2,756
4,564			4,564
124,015			124,015
278,484		293,091	-14,607

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or 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	
			4,027
			-14,867
			-2,756
			4,564
			124,015
			-14,607

Form 990PF Part XV Line 1a - 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).

PAUL MERGENS

MARY MERGENS-LOUGHAN

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)				
a <i>Paid during the year</i>				
ALOHA FOUNDATION 2968 LAKE MOREY ROAD FAIRLEE,VT 05045	NOT RELATED	PUBLIC	OPERATIONS	915
ARTS BUS 67 MAIN STREET RANDOLPH,VT 05060	NOT RELATED	PUBLIC	OPERATIONS	825
BIRDS OF VERMONT MUSEUM 900 SHERMAN HOLLOW ROAD HUNTINGTON,VT 05462	NOT RELATED	PUBLIC	OPERATIONS	1,000
BISHOP JOHN MARSHALL SCHOOL 680 LAPORTE ROAD MORRISVILLE,VT 05661	NOT RELATED	PUBLIC	OPERATIONS	10,000
BSA GREEN MOUNTAIN COUNCIL PO BOX 557 WATERBURY,VT 05676	NOT RELATED	PUBLIC	OPERATIONS	20,000
CAMBRIDGE CONNECTIONS 186 SCHOOL STREET JEFFERSONVILLE,VT 05464	NOT RELATED	PUBLIC	OPERATIONS	2,500
CARE NET OF MIDCOAST MAINE PO BOX 969 BRUNSWICK,VT 04011	NOT RELATED	PUBLIC	OPERATIONS	15,000
CARE NET PREGNANCY CENTER 56 COLCHESTER AVENUE BURLINGTON,VT 05401	NOT RELATED	PUBLIC	OPERATIONS	3,000
GIRLS ON THE RUN PO BOX 483 ESSEX JUNCTION,VT 05453	NOT RELATED	PUBLIC	OPERATIONS	5,500
LAKE CHAMPLAIN MARITIME MUSEUM 4472 BASIN HARBOR ROAD VERGENNES,VT 05491	NOT RELATED	PUBLIC	OPERATIONS	10,000
MAYA HEALTH ALLIANCE PO BOX 91 BETHEL,VT 05032	NOT RELATED	PUBLIC	OPERATIONS	20,000
MILTON COMMUNITY YOUTH COALITION PO BOX 543 MILTON,VT 05468	NOT RELATED	PUBLIC	OPERATIONS	6,205
PIERCE HALL COMMUNITY CENTER PO BOX 36 ROCHESTER,VT 05767	NOT RELATED	PUBLIC	OPERATIONS	5,000
RICE MEMORIAL HIGH SCHOOL 99 PROCTOR AVENUE SOUTH BURLINGTON,VT 05403	NOT RELATED	PUBLIC	OPERATIONS	50,000
SAINT ANN CHURCH 41 MAIN STREET PO BOX 1 MILTON,VT 05468	NOT RELATED	PUBLIC	OPERATIONS	30,000
Total ▶ 3a				480,883

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)				
a <i>Paid during the year</i>				
SAINT FRANCIS XAVIER CHURCH 3 ST PETER STREET WINOOSKI,VT 05404	NOT RELATED	PUBLIC	OPERATIONS	20,000
SAINT FRANCIS XAVIER SCHOOL 5 SAINT PETER STREET WINOOSKI,VT 05404	NOT RELATED	PUBLIC	OPERATIONS	140,000
SAINT JOSEPH CO-CATHEDRAL 20 PINE STREET BURLINGTON,VT 05401	NOT RELATED	PUBLIC	OPERATIONS	7,500
SAINT MARY'S CHURCH 133 SCHOOL STREET WALTHAM,MA 02451	NOT RELATED	PUBLIC	OPERATIONS	15,000
SAINT PAUL'S CATHOLIC SCHOOL 54 EASTERN AVENUE BARTON,VT 05822	NOT RELATED	PUBLIC	OPERATIONS	20,000
SHADER CROFT SCHOOL 5 PEROTTA PLACE BURLINGTON,VT 05401	NOT RELATED	PUBLIC	OPERATIONS	2,000
STATE OF VERMONT FOREST AND RECREATION DEPARTMENT 100 MINERAL STREET SUITE 304 SPRINGFIELD,VT 05156	NOT RELATED	PUBLIC	OPERATIONS	825
UNITED CHURCH OF MILTON PO BOX 107 51 MAIN STREET MILTON,VT 05468	NOT RELATED	PUBLIC	OPERATIONS	20,000
UNITED WAY OF LAMOILLE COUNTY 20 MORRISVILLE PLAZA SUITE B MORRISVILLE,VT 05661	NOT RELATED	PUBLIC	OPERATIONS	2,000
VERMONT RIGHT TO LIFE EDUCATION TRUST FUND PO BOX 1079 MONTPELIER,VT 05301	NOT RELATED	PUBLIC	OPERATIONS	5,000
VERMONT YOUTH CONSERVATION CORPS 1949 EAST MAIN STREET RICHMOND,VT 05477	NOT RELATED	PUBLIC	OPERATIONS	68,613
Total ▶ 3a				480,883

TY 2015 Accounting Fees Schedule

Name: GEORGE W MERGENS FOUNDATION

EIN: 03-0345055

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ENMAN & ASSOCIATES	4,379	2,190		0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: GEORGE W MERGENS FOUNDATION

EIN: 03-0345055

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
STORCENTER PRO NETWORK ATTACHED STORAGE	2007-12-27	657	657	SL	5 000000000000	0	0		
MY BOOK ESSENTIAL EXTERNAL HARD DRIVES (2)	2008-07-07	250	250	SL	5 000000000000	0	0		
LAPTOP COMPUTER	2009-09-04	1,501	1,501	SL	5 000000000000	0	0		
ROUTER	2009-09-04	74	74	SL	5 000000000000	0	0		
HP PAVILION ELITE 380T COMPUTER	2010-09-08	1,179	1,062	SL	5 000000000000	59	0		
HP 23" LCD MONITOR	2010-09-08	180	162	SL	5 000000000000	9	0		
SCANNER	2011-11-15	107	74	SL	5 000000000000	21	0		
HP PC/MONITOR(PAUL)	2012-11-16	1,455	728	SL	5 000000000000	291	0		
HP OFFICEJET PRO X476DN PRINTER	2013-05-01	695	348	SL	5 000000000000	139	0		
SYNOLOGY NAS SERVER (2 BAY)	2013-05-01	300	150	SL	5 000000000000	60	0		
WESTERN DIGITAL HARD DRIVES (2)	2013-05-01	300	150	SL	5 000000000000	60	0		
HP COMPAQ ELITE 8300 (BILL)	2013-05-10	803	402	SL	5 000000000000	161	0		
HP COMPAQ ELITE 8300 (CECILIA)	2013-05-10	803	402	SL	5 000000000000	161	0		
REFRIGERATOR/MICROWAVE	2015-12-15	859		SL	5 000000000000	86	0		
LENOVO THINKPAD LAPTOP (RACHEL)	2016-01-27	1,232		SL	5 000000000000	123	0		
LENOVO THINKCENTRE M800 PC	2016-01-27	769		SL	5 000000000000	77	0		
LENOVO THINKVISION LT2024 MONITOR	2016-01-27	150		SL	5 000000000000	15	0		
LEASEHOLD IMPROVEMENTS	2015-12-01	3,623		SL	5 000000000000	362	0		

TY 2015 Investments - Other Schedule

Name: GEORGE W MERGENS FOUNDATION

EIN: 03-0345055

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS-MTC	AT COST	9,732,556	9,906,091

TY 2015 Land, Etc. Schedule

Name: GEORGE W MERGENS FOUNDATION

EIN: 03-0345055

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
STORCENTER PRO NETWORK ATTACHED STORAGE	657	657	0	
MY BOOK ESSENTIAL EXTERNAL HARD DRIVES (2)	250	250	0	
SCANNER	107	95	12	
HP PC/MONITOR(PAUL)	1,455	1,019	436	
HP OFFICEJET PRO X476DN PRINTER	695	487	208	
SYNOLOGY NAS SERVER (2 BAY)	300	210	90	
WESTERN DIGITAL HARD DRIVES (2)	300	210	90	
HP COMPAQ ELITE 8300 (BILL)	803	563	240	
HP COMPAQ ELITE 8300 (CECILIA)	803	563	240	
REFRIGERATOR/MICROWAVE	859	86	773	
LENOVO THINKPAD LAPTOP (RACHEL)	1,232	123	1,109	
LENOVO THINKCENTRE M800 PC	769	77	692	
LENOVO THINKVISION LT2024 MONITOR	150	15	135	
LEASEHOLD IMPROVEMENTS	3,623	362	3,261	

TY 2015 Legal Fees Schedule**Name:** GEORGE W MERGENS FOUNDATION**EIN:** 03-0345055

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,977	1,988		0

TY 2015 Other Expenses Schedule**Name:** GEORGE W MERGENS FOUNDATION**EIN:** 03-0345055

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE EXPENSE	3,061	0		0
OFFICE SUPPLIES & SERVICES	672	0		0
COMPUTER SERVICES & SUPPLIES	1,865	0		0
INSURANCE	1,434	0		0
GAS	1,251	0		0
MILEAGE & OUT-OF-POCKET EXPENSE	357	0		0
MEALS & ENTERTAINMENT	602	0		0
POSTAGE & DELIVERY	343	0		0
STATE FEE	20	0		0
TRAINING & EDUCATIONAL	550	0		0
FINANCE CHARGES	417	0		0

TY 2015 Other Professional Fees Schedule**Name:** GEORGE W MERGENS FOUNDATION**EIN:** 03-0345055

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MERCHANTS TRUST COMPANY	29,779	29,779		0

TY 2015 Taxes Schedule**Name:** GEORGE W MERGENS FOUNDATION**EIN:** 03-0345055

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	22,472	5,618		13,531
2014 BALANCE DUE	1,808	0		0
FIRST QUARTER ESTIMATED TAX PAYMENT	7,200	0		0

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

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

OMB No 1545-0047

2015

Name of the organization	Employer identification number
GEORGE W MERGENS FOUNDATION	03-0345055

Organization type (check one)

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

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 33¹/₃% 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 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).

Name of organization GEORGE W MERGENS FOUNDATION	Employer identification number 03-0345055
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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		\$ 293,091	Person <input type="checkbox"/>
	ANN A MERGENS FAMILY IRREVOCABLE TR PO BOX 718		Payroll <input type="checkbox"/>
	MILTON, VT 05468		Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
2		\$ 10,038,568	Person <input checked="" type="checkbox"/>
	ANN A MERGENS FAMILY IRREVOCABLE TR PO BOX 718		Payroll <input type="checkbox"/>
	MILTON, VT 05468		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
3		\$ 100,000	Person <input checked="" type="checkbox"/>
	PAUL MERGENS PO BOX 633		Payroll <input type="checkbox"/>
	MILTON, VT 05468		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
4		\$ 1,143,000	Person <input checked="" type="checkbox"/>
	ANN A MERGENS TRADITIONAL IRA PO BOX 718		Payroll <input type="checkbox"/>
	MILTON, VT 05468		Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization GEORGE W MERGENS FOUNDATION	Employer identification number 03-0345055
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Part II

Noncash Property

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	5,103 SHARES ISHARES MSCI ACWI ETF	\$ 293.091	2015-12-09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization GEORGE W MERGENS FOUNDATION	Employer identification number 03-0345055
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed

(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>	
(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>	
(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>	
(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>	