

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Department of the Treasury

Internal Revenue				
	17 calendar year, or tax year beginning , 2017, and endi		, , , , , , , , , , , , , , , , , , ,	ication number
B Check if appl		-	mployer identif	
⊢ ⊣	change CENTRAL VERMONT CHAMBER OF COMMERCE, INC		03-02302	
Name c	IDADDE VT 05641		elephone numb	
Initial re	turn DARRE, VI 03041		<u>802 229-</u>	<u>-5711</u>
Final retu	n/terminated			
Amende	d return		ross receipts \$	
Applicat	ion pending F Name and address of principal officer WILLIAM MOORE	H(a) Is this a grou		H H
	SAME AS C ABOVE	H(b) Are all subord If 'No,' attach	a list (see insti	⁷ Yes No ructions)
Tax-exem		10		
Website		H(c) Group exemp		
Form of or	<u> </u>	1971 1971	M State of le	gal domicile VT
	summary Ifly describe the organization's mission or most significant activities PROMOTE IS	TICTNESS O	ראוזיים <i>ס</i>	ריידויכ
	Thy describe the organizations mission of most significant activities FROMOTE E	DOTINESS O	FFORTONI	1112
<u>ව</u>				
				·
2 Che 3 Nun	ck this box ▶ ☐ if the organization discontinued its operations or disposed of m	ore than 25% o	of its net ass	sets
ဖြံ 3 Nun	nber of voting members of the governing body (Part VI, line 1a)		3	15
	nber of independent voting members of the governing body (Part VI, line 1b)		4	14
5 Tota	al number of individuals employed in calendar year 2017 (Part V, line 2a)		5	5
5 72 Tota	al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12		6 7a	40 0.
	unrelated business taxable income from Form 990-T, line 34		7b	0.
- 5 1101	direction bearings takes into the many terms as a first of	Prior '	Year	Current Year
8 Con	tributions and grants (Part VIII, line 1h)		4,000.	5,840.
9 Pro	gram service revenue (Part VIII, line 2g)	20	9,844.	255,752.
9 Pro	estment income (Part VIII, column (A), lines 3, 4, and 7d)	3	3,205.	29,306.
• • • • • • • • • • • • • • • • • • •	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,934.	70,553.
	al revenue – add lines 8 through 11 (must equal Part VIII, column (A) line 12)	31	6,983.	361,451.
	nts and similar amounts paid (Part IX, column (A) 1 (1) 1			
	efits paid to or for members (Part IX, color) (A), line 4) aries, other compensation, employee beriefs (Part X, 6 dung (A), line 5-10)	<u> </u>		
ဖွ 15 Sala		23	0,311.	225,718.
C	fessional fundraising fees (Part IX, column (A), me_l.l.e)			
b Tota	al fundraising expenses (Part IX, column (D), In 25) EN LIT	_		
17 Oth	er expenses (Part IX, column (A), lines 11a-11u, 111-24e)	17	9,121.	21 <u>4,299</u> .
18 Tota	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	40	9,432.	440,017.
	enue less expenses Subtract line 18 from line 12	-9	2,449.	-78,566.
ស្ទឹ <u>ធ</u> ្វី 20 Tota		Beginning of (End of Year
	al assets (Part X, line 16)		6,541.	847,992.
눑门	al liabilities (Part X, line 26)		3,603.	23,620.
	assets or fund balances Subtract line 21 from line 20	90	2,938.	824,372.
	ignature Block			<u> </u>
nder penalties of omplete Declara	i perjury, I declare that I have examined this return, including accompanying schedules and statements, and to tion of preparer (ather than officer) is basid on all information of which preparer has any knowledge	the best of my know	ledge and belie	ef, it is true, correct, and
-	Alle in Alifornia		Ista .	3/2015
Sign	Signargine of officer	- Le	AR L	
lere	▶ WILLIAM MOORE	PRESIDE	ΊТ	
	Type or print name and title		· <u>·</u>	
	Print/Type preparer's name Preparer's signature Date	Chec	k III F	PTIN
Paid	E. LELA MCCAFFREY, CPA E. LELA MCCAFFREY, CPA 5-21	18 self-e	mployed [P00476486
Preparer	Firm's name FOTHERGILL SEGALE & VALLEY. CPAS			
Jse Only	Firm's address 143 BARRE STREET	Firm's	s EIN ► 03-	0300841
-	Firm's name FOTHERGILL SEGALE & VALLEY, CPAS 143 BARRE STREET MONTPELIER, VT 05602 discuss this return with the preparer shown above? (see instructions) perwork Reduction Act Notice, see the separate instructions.	Phon) 223-6261
/lay the IRS	discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No
AA For Par	January Poduction Act Notice can the constate instructions	EA0113L 08/08/17		Form 990 (2017)

Form	990 (2017)	CENTRAL	VERMONT	CHAMBER O	F COMMERCE,	INC		03-0	230263	_ F	age 2
V ir				rvice Accom				e'			
					te to any line in t	his Part III					
١٠	Briefly descr										
	PROMOTE	BUSINESS	S OPPORTU	NITIES			- -	- -			
			-		-				- -		
			-			 -					
2	Did the organ	ization underta	ake any signifi	cant program ser	vices during the ye	ear which were no	ot listed on the pri	ior		_	
	Form 990 or	990-EZ?							Y	es X	No
	If 'Yes,' desc	cribe these ne	ew services o	n Schedule O			•		_	_	
3	•		=	-	cant changes in l	now it conducts,	, any program se	ervices?	_ U `	res X	No
		cribe these ch	-								
4	Describe the Section 5016	organization c)(3) and 501	's program se I(c)(4) organi	ervice accomplis zations are requ	hments for each ired to report the	of its three larg amount of gran	est program serv nts and allocation	vices, as r ns to othe	neasured rs, the to	by expental expens	ses ses,
	and revenue	, if any, for e	ach program	service reported		3			,	,	ŕ
4 a	(Code		enses \$		including grant			Revenue		255,75	
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	10 l .	\ / -						Revenue	<u>.</u>		
40	(Code) (Exp	enses \$	 -	_ including grant _	S 01 - 2		Revenue	٠		—′
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4.0	(Code) (Exn	enses \$		ıncluding grant	s of \$		Revenue	\$	-	<u> </u>
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4 d	Other progra	m services ([Describe in S	chedule O)							
	(Expenses	\$		including grai	nts of \$) (Revenue \$)	
4 e	Total program	m service exp	enses ►	150	,206.					orm 99 0	(2017)
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03-0230263

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		_
Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	X	
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х_
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		Х
Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	Х	
	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II School 5015(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part III Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If 'Yes,' complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to grow de advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or instinct structures? If 'Yes,' complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consessing, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part VIII Did the organization did the part X, or provide credit consessing, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for ind, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for ind, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or	Schedule A It is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, 'complete Schedule C, Part II Section 501(CA) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the lax year? If Yes, 'complete Schedule C, Part III Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6)	Schedulé A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II Section 501(CA) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the lax year? If Yes, complete Schedule C, Part III B the organization a section 501(c)(d), 501(c)(6), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If Yes, complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule C, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian bor amounts in a listed in Part X, inc 10, Fart IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If Yes, complete Schedule D, Part V II The organization report an amount for investments – other securities in Part X, line 12 lists is 5% or more of its total assets reported in Part X, line 16 If If Yes, complete Schedule D, Part V II Did the organization report an amount for other inabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16 If If Yes, complete Schedule D, Part X III Did the

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Form 990 (2017) CENTRAL VERMONT CHAMBER OF COMMERCE, INC Checklist of Required Schedules (continued)

	• '		res	NO
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŧ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
l	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
í	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	•	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33	_	х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 ((2017)

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Form **990** (2017)

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1ь c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5 a 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 0 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 h not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10_b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 12 b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13Ь c Enter the amount of reserves on hand 13 c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a 14b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line &a, &b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х SEE SCHEDULE O 6 Х 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Х 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O 12 c Х 13 Х 13 Did the organization have a written whistleblower policy? \overline{X} 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a 15 b X b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records WILLIAM MOORE P.O. BOX 336 BARRE VT 05641 802-229-5711

Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one box, unless person is both an officer and a (F) (A) Name and Title **(B)** Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from Estimated Average hours director/trustee) amount of other compensation from the per related organizations (W-2/1099-MISC) Institutional week Individual trustee Key employee Highest compensated -ormer organization and related organizations (list any hours for related organiza tions below dotted il trustee (1) ED LARSON SEC/TREASURER X X 0 0 0. 0 JOHN UNDERWOOD 1 VC, TOURISM 0 Х Х 0 0 0. AMY WHITE (3) 1 Х Χ 0. VC, MEMBERSHIP 0 0 0 (4) DEB KERIN 1 DIRECTOR 0 Х 0 0 0. (5) JOSEPH CHOQUETTE 1 VC, PUB POLICY 0 Х Х 0. 0 0. (6) LESLIE SANBORN 1 IMM PAST CHAIR 0 Х Х 0. 0 0. DAVE RUBEL 1 0 Х 0 0. DIRECTOR 0 (8) CURTIS OSTLER 1 Х 0 0. DIRECTOR 0 0 (9) LINDEL JAMES 1 0 X Х 0 0 0. CHAIR (10) DENISE RUSSO 1 0 DIRECTOR Х 0 0 0. (11) STEVE CORMIER 1 0. DIRECTOR 0 Х 0 0 (12) CAROLINE EARLE (FORMER) 1 DIRECTOR 0 Х 0 0 0. (13) CHEYENNE HOLLAND 1 DIRECTOR Х 0 0. 0 0. (14) KIM BOLDUC 1 VC, EVENTS 0 Х 0. 0. 0.

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Form **990** (2017)

Rart VIII Section A. Officers, Directors, Tru	ıstees, l	Key	Em	ıplo	oye	es,	and	d Highest Com	perisated Emp	loyees (continued)
(B) (C)										
` (A)	Average	(do	Position (do not check more than one			опе	(D)	(E) Reportable compensation from	(F)	
Name and title	hours per	box, unless perso officer and a dire			erson	son is both an			Reportable compensation from	Estimated amount of other
	week the organization related organization related organization				related organizations (W 2/1099-MISC)	compensation from the				
	hours for	or director	nstitutional trustee	Officer	Key employee	ploy	∄	,	, ,	organization and related
	related organiza	E E	iona	~	恴	8 5	٦	<u> </u>		organizations
	tions below	L St	2		yee	Be				
	dotted line)	8	stee			Isate				
						ä	1			
(15) JESSICA JAGGARS	1									
DIRECTOR	0	X						0.	0.	0.
(16) GEORGE MALEK	_40_			3,7			ĺ	20.200	0	
PRES (FORMER)	40			Х			┝	20,280.	0.	0.
(17) WILLIAM MOORE PRESIDENT	- 40 -			Х				92,432.	0.	2,773.
(18)	-	-	Н			-	\vdash	32,432.	<u> </u>	2,113.
210)		ł								
(19)		 								
	-	1						į		
(20)										
							l			
(21)										
						<u></u>	_			
(22)		ļ					1			
		_				ļ	<u> </u>			-
(23)							l			
(24)			_							
(24)	 -									
(25)		-								1
1 b Sub-total	!	<u> </u>			l	·		112,712.	0.	2,773.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.	0.
d Total (add lines 1b and 1c)								112,712.	0.	2,773.
2 Total number of individuals (including but not limited	to those I	sted	abov	ve) v	vho	recer	ved	more than \$100,000	of reportable comp	pensation
from the organization • 0										
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc			key	em/	nplo	yee,	or h	nighest compensat	ed employee	3 X
, ,										
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	le co 50.0	mpe	ensa // ነ	ition <i>es</i> .	and con	oth <i>ole:</i>	ner compensation t ete Schedule J for	rom	
such individual		,-			,					4 X
5 Did any person listed on line 1a receive or accru	e compen	satio	n fr	om	any	unre	late	ed organization or	ındıvıdual	5 X
for services rendered to the organization? If 'Yes Section B. Independent Contractors	s, comple	te So	cnea	iuie	J TO	r suc	:п р	person		5 X
1 Complete this table for your five highest compen	sated inde	epen	deni	t cor	ntra	ctors	tha	at received more th	nan \$100,000 of	
compensation from the organization Report compen	sation for	the c	alen	dar	year	endı	ng v	vith or within the org	janization's tax yea	
(A) Name and business add	ress							(B) Description of	f services	(C) Compensation
Traine and business add								2030.15110110	. 55565	
		_							-	
										
-										
2 Total number of independent contractors (including b	out not limi	ted to	tho	se I	ısted	abo	ve)	who received more	than	
\$100,000 of compensation from the organization										
BAA		TEEAC	108L	08/0	08/17			· · · · · ·		Form 990 (2017)

	Check if Schedule O contains a resp	onse or note to any	line in this Part VII	l		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts t	1 a Federated campaigns 1 a					
iran	b Membership dues 1b					
S, G	c Fundraising events 1 c					
Sift lar,	d Related organizations 1 d					
S. imi	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	5 <u>,84</u> 0.				
nd C	g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f		5 040			
<u>0 e</u>	n Total. Add filles Ta-11	Business Code	5,840.			
Program Service Revenue	2a MEMBERSHIP DUES & ASSESSMENTS	561499	226,512.	226,512.		
\$		900099	14,750.	14,750.		
93		524298	14,490.	14,490.		
ēΖi	d	324230	11, 150.			
S	e		····-			
gra	f All other program service revenue					
P	g Total. Add lines 2a-2f	▶	255,752.			,
	3 Investment income (including dividends other similar amounts)	s, interest and	29,306.			29,306.
	4 Income from investment of tax-exempt	bond proceeds >				
	5 Royalties	•				
	(i) Real	(II) Personal				
	6 a Gross rents. 59, 550					
	b Less rental expenses		,			
	c Rental income or (loss) 59,550					
	d Net rental income or (loss)	▶	59,550.		***	59,550.
	7 a Gross amount from sales of assets other than inventory (i) Securities	(ii) Other	j			
١	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	
nue	8a Gross income from fundraising events (not including \$					
Other Revenu	of contributions reported on line 1c)					
Œ	•	a				
돭	a zooo an ook onponooo	b				
δ	c Net income or (loss) from fundraising e	events				
	9a Gross income from gaming activities See Part IV, line 10	17, 103.				
		b <u>6,400</u> .				
	c Net income or (loss) from gaming activ	rities	11,003.			11,003.
		a				
	b Less cost of goods sold	b			 	
	c Net income or (loss) from sales of inve	-				
	Miscellaneous Revenue	Business Code				<u></u>
	11a	_		-		
	b					
	d All other revenue					
	e Total. Add lines 11a-11d	>	H			
	12 Total revenue. See instructions	▶	361.451	255,752,	0	99,859.

Page 10

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a i				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		<u> </u>		×
2 Grants and other assistance to domestic individuals See Part IV, line 22		-		
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals See Part IV, lines 15 and 16		1		
 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 	112,712.	52,748.	59,964.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	88,941.	17,770.	71,171.	
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,312.	1,858.	3,454.	
9 Other employee benefits	2,041.	713.	1,328.	
10 Payroll taxes	16,712.	5,844.	10,868.	· · · · · · · · · · · · · · · · · · ·
11 Fees for services (non-employees)		· ,	, = = = /	
a Management				
b Legal	-,			
c Accounting	19,294.	6,747.	12,547.	
d Lobbying		,		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	3,909.	1,367.	2,542.	
12 Advertising and promotion	12,121.	9,841.	2,280.	
13 Office expenses	5,811.	2,032.	3,779.	
14 Information technology	1,654.	1,654.		
15 Royalties				
16 Occupancy 17 Travel	C 000	2 107	2 021	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	6,028.	2,107.	3,921.	
19 Conferences, conventions, and meetings20 Interest		_		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,747.	12,789.	17,958.	
 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 	3,836.	1,341.	2,495.	
a BUILDING EXPENSES	55,944.	19,564.	36,380.	•
b INTERNAL PROGRAMS	20,112.		20,112.	
c BAD DEBT	16,100.		16,100.	
d SUPPLIES	9,530.	<u>3,574</u> .	5,956.	
e All other expenses	29,213.	10,257.	18,956.	
25 Total functional expenses Add lines 1 through 24e	440,017.	150,206.	289,811.	0.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720).				
BAA				Form 990 (2017)

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 44,053 1 82,381. Cash - non-interest-bearing 2 Savings and temporary cash investments 172,801 Pledges and grants receivable, net 3 Accounts receivable, net 4 16,907. 4,632 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 1,004,224 b Less accumulated depreciation 10 b 10 c 471,149 436,728 533,075. Investments - publicly traded securities 246,244. 11 200,549. Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 12,083 14 15,080. 14 Intangible assets Other assets See Part IV, line 11 15 15 916,541 16 847,992. Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 1,514 6,864. 18 Grants payable 18 Deferred revenue 19 4,667. 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilitie Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 12,089 12,089. 26 Total liabilities. Add lines 17 through 25 13,603 23,620 Organizations that follow SFAS 117 (ASC 958), check here > X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 902,938 27 824,372. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds

BAA

Net.

31

32

33

34

847,992. Form 990 (2017)

824,372.

31

32

33

34

902,938

916,541

Forr	m 990 (2017) CENTRAL VERMONT CHAMBER OF COMMERCE, INC 03	-02302	63	Pa	ge 12
Ŗā	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
٦	Total revenue (must equal Part VIII, column (A), line 12)	1	3	361,4	151.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	40,0	017.
3	Revenue less expenses Subtract line 2 from line 1	3	<u> </u>	78,5	566.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	, ç	02,9	938.
5	Net unrealized gains (losses) on investments ,	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		324,3	372.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	•	_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both X Separate basis Both consolidated and separate basis	ved on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b		x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
	basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditive review, or compilation of its financial statements and selection of an independent accountant?	ıt,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdıt	3 h		

Form **990** (2017)

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TEEA0112L 08/08/17

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2017

Schedule C (Form 990 or 990-EZ) 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

	xy Tax) (see separate instruction 501(c)(4), (5), or (6) or	tions), then organizations Complete Part III	(See Separate Mistree		
		VERMONT CHAMBER OF COMMERC	F INC	Employer identifica	ation number
	CENTIME	VERTICAL CHARDER OF COMMERCE	L, INC	03-023026	3
<u>Ŗ</u> ai	til-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organia	zation.
1		organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV	
2	Political campaign activity ex	xpenditures (see instructions)		▶\$	
3	Volunteer hours for political	campaign activities (see instructions)			
Ŗа	Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	► \$	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	r this year?		Yes No
4:	Was a correction made?				☐Yes ☐No
	o If 'Yes,' describe in Part IV				
		rganization is exempt under secti	on 501(c), excep	t section 501(c)(3).	
_	•	pended by the filing organization for section	* * .		
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	nizations for section 52	7 exempt ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly deal action committee (PAC). If additional spanning the second of th	mount paid from the livered to a separate po	filing organization's fund diltical organization, such	as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
ശ					

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

Schedule C (Form 990 or 990-EZ) 201 Part II-A Complete if	the organization	RMONT CHAMBER OF C on is exempt under sec	COMMERCE, INC ction 501(c)(3) and	03-0230 filed Form 5768 (el	
address,	g organization belor EIN, expenses, ar	ngs to an affiliated group (and nd share of excess lobbying ecked box A and 'limited cor	expenditures)	ated group member's name	,
	Limits on Lobb	ying Expenditures	<u> </u>	(a) Filing organization's totals	(b) Affiliated group totals
<u></u>		ublic opinion (grass roots lo			
, .	·	legislative body (direct lobb	, ,		
c Total lobbying expenditi			, 0,		
d Other exempt purpose e	expenditures				
e Total exempt purpose e	expenditures (add l	ines 1c and 1d)			
f Lobbying nontaxable an both columns.	nount Enter the a	mount from the following tab	ole in		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is		
Not over \$500,000	·	20% of the amount on line 1e			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess o	over \$1,500,000		
over \$17,000,000 • Grassroots nontaxable a	amount (antar 25%	\$1,000,000			
h Subtract line 1g from lin	=				
i Subtract line 1f from lin		•			
•	er than zero on eithe	er line 1h or line 1i, did the org	anızatıon file Form 4720	reporting	Yes No
(Som		4-Year Averaging Period Usat made a section 501(h) elelow. See the separate insti	ection do not have to o		
	Lob	bying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	ı 990 or 990-EZ) 2017

Part fi-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(p)
or each 'Yes' response on lines 1a through 1i below, providé in Part IV a detailed description of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			-
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		Х

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

Dues, assessments and similar amounts from members	•	226,512.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	f political	
a Current year	2 a	11,200.
b Carryover from last year	2 b	
c Total	2 c	11,200.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)	dues 3	22,651.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year?		0.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, ParkiV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Pairite Inspection

Employer identification number

	CENTRAL VERMONT CHAMBER OF	COMMERCE, INC	03-0230263
Ŗāi	Organizations Maintaining Dono	or Advised Funds or Other Similar Fu wered 'Yes' on Form 990, Part IV, In-	unds or Accounts.
_	Complete if the organization answ	· · · · · · · · · · · · · · · · · · ·	
_	T	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the		donor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?		
Pai	till Conservation Easements.		
	Complete if the organization ansi	wered 'Yes' on Form 990, Part IV, Iin	ne 7
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e g , r	ecreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the fo	(
			Held at the End of the Tax Year
	a Total number of conservation easements		2 a
	Total acreage restricted by conservation easer		2 b
(Number of conservation easements on a certification	ited historic structure included in (a)	2 c
	Number of conservation easements included i structure listed in the National Register		2 d
3	Number of conservation easements modified, trantax year ►	isferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, inspection, h	nandling of violations,
	and enforcement of the conservation easemer		∐ Yes
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote is conservation easements		
Par	Time Organizations Maintaining Colle	ctions of Art, Historical Treasures, owered 'Yes' on Form 990, Part IV, In	or Other Similar Assets. ne 8.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he	r SFAS 116 (ASC 958), not to report in its rev	venue statement and balance sheet works of
_	in Part XIII, the text of the footnote to its finar	ncial statements that describes these items	
t	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenu- or public exhibition, education, or research in furth	ie statement and balance sheet works of art, herance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, h amounts required to be reported under SFAS		ancial gain, provide the following
a	Revenue included on Form 990, Part VIII, line	1	> \$
Ŀ	Assets included in Form 990, Part X		►\$

Schedule D (Form 990) 2017 CENTI					03-023		Page 2
Part দি Organizations Mainta	ining Collecti	ons of Art, Hist	orical Tr	easures, o	r Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply)	i, accession, and o	other records, check a	any of the f	following that a	re a significant use of its	collection	
a Public exhibition		d Loan	or exchar	nge programs			
b Scholarly research		e U Othe	r				
c Preservation for future gener							
4 Provide a description of the organiz Part XIII		•		Ū			
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or rec	eive donations of a	rt, historic	al treasures, o	or other similar assets	Yes	No
Partiva Escrow and Custodia line 9, or reported an	l Arrangemer	its. Complete if	the orga				
1 a Is the organization an agent, true on Form 990, Part X?		_		butions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and	complete the follow	ving table				
						Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance	mount on Form	000 Dart V June 21	for oner	w as avatadial	1f	□ Vaa	□ Na
2 a Did the organization include an a b If 'Yes,' explain the arrangement					,	Yes	No
Part V Endowment Funds. C	omplete if the	e organization ai	nswered	'Yes' on Fo	orm 990, Part IV, Jir	ne 10	
	(a) Current year		1	c) Two years back		(e) Four year	ars back
1 a Beginning of year balance.							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships	-					1	
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the current y	ear end balance (li	ne 1g, cole	umn (a)) held	as		
a Board designated or quasi-endowm	ent -	%					
b Permanent endowment ►							
c Temporarily restricted endowmer	nt ►	%					
The percentages on lines 2a, 2b, as	nd 2c should equa	1 100%					
3a Are there endowment funds not in to organization by	he possession of t	the organization that	are held ar	nd administered	I for the	Yes	No
(i) unrelated organizations						3a(i)	+
(i) related organizations						3a(ii)	+-
b If 'Yes' on line 3a(ii), are the rela	ated organization	s listed as required	on Schedi	ule R?		3b	+
4 Describe in Part XIII the intended	-	•		u.c		<u> </u>	
Partivil Land, Buildings, and		<u> </u>					
Complete if the organi		red 'Yes' on For	m 990, F	Part IV, line	: 11a See Form 99	0, Part X, I	line 10
Description of property		Cost or other basis (investment)	(b) Co	st or other s (other)	(c) Accumulated depreciation	(d) Book v	
1 a Land	-	Contracting (15,000.		1.5	5,000.
b Buildings		<u> </u>		177,451.	146,460.		0,991.
c Leasehold improvements			1	754,649.	273,476.		1,173.
d Equipment				57,124.	51,213.		5,911.
e Other			-	J,,127.			<u>-, </u>
Total. Add lines 1a through 1e (Colum	nn (d) must equa	l Form 990, Part X.	column (E	3), line 10c)	•	533	3,075.
BAA	, , , , , , , , , , , , , , , , , , , ,	<u>, , , , , , , , , , , , , , , , , , , </u>	•	· · · ·	Schedu	ule D (Form 99	

TEEA3302L 08/10/17

Partivill Investments — Other Securities.		N/A	
		90, Part IV, line 11b See Form 990, Part X, III	<u>ne 12</u>
(a) Description of security or category (including name of security)	ity) (b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives	-		
(2) Closely-held equity interests (3) Other			
(A)	+	-	
(B)	 		
(c)	 		
(D)			_
<u>``</u> (E)	 		
(F)		•	
(G)			
(H)			
(1)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12			
Partivill Investments — Program Related.	vered 'Yes' on Form 9	N/A 90, Part IV, line 11c. See Form 990, Part X, lir	ne 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)	(4, -00		
(2)			
(3)			
(4)			•
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (h) muct equal Form 990 Part X column (R) line 13			
Total (Column (b) must equal Form 990, Part X, column (B) line 13		/ A	
Part IX Other Assets.	N/	90, Part IV, line 11d See Form 990, Part X, Iir	
Partix Other Assets. Complete if the organization answ	N/	'A 90, Part IV, line 11d See Form 990, Part X, lin (b) Book val	
Complete if the organization answ	N/ vered 'Yes' on Form 9	90, Part IV, line 11d See Form 990, Part X, Iir	
Complete if the organization answ	N/ vered 'Yes' on Form 9	90, Part IV, line 11d See Form 990, Part X, Iir	
Complete if the organization answ (1) (2) (3)	N/ vered 'Yes' on Form 9	90, Part IV, line 11d See Form 990, Part X, Iir	
Complete if the organization answ	N/ vered 'Yes' on Form 9	90, Part IV, line 11d See Form 990, Part X, Iir	
Complete if the organization answ (1) (2) (3) (4)	N/ vered 'Yes' on Form 9	90, Part IV, line 11d See Form 990, Part X, Iir	
Complete if the organization answ (1) (2) (3) (4) (5) (6)	N/ vered 'Yes' on Form 9	90, Part IV, line 11d See Form 990, Part X, Iir	
Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8)	N/ vered 'Yes' on Form 9	90, Part IV, line 11d See Form 990, Part X, Iir	
Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/ vered 'Yes' on Form 9	90, Part IV, line 11d See Form 990, Part X, Iir	
Partix Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	vered 'Yes' on Form 9 (a) Description	90, Part IV, line 11d See Form 990, Part X, Iir	
Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	vered 'Yes' on Form 9 (a) Description	90, Part IV, line 11d See Form 990, Part X, lir (b) Book val	
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Complete if the organization answered 'Yes (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (b) must equal Form 990, Part X, column (d) Total. (Column (d) Total. (Column (d) Total. (Column (d) Total. (Column (d) Total. (d)	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answered 'Yes (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (d) Description of liability (1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCES (3) SECURITY DEPOSITS	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (2) Complete if the organization answered (1) (1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCES (3) SECURITY DEPOSITS (4)	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answered 'Yes (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (d) Description of liability (1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCES (3) SECURITY DEPOSITS	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes (a) Description of liability (1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCES (3) SECURITY DEPOSITS (4) (5) (6) (7)	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) part (b) part (c) pa	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) Part X (a) Description of liability (1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCES (3) SECURITY DEPOSITS (4) (5) (6) (7) (8) (9)	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) part in the organization answered 'Yes (a) Description of liability (1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCES (3) SECURITY DEPOSITS (1) (5) (6) (7) (8) (9) (10)	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (2) (a) Description of liability (1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCES (3) SECURITY DEPOSITS (4) (5) (6) (7) (8) (9) (10) (11)	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu 7, 2 4, 8	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	
Complete if the organization answered (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (2) (a) Description of liability (1) Federal income taxes (2) ACCRUED COMPENSATED ABSENCES (3) SECURITY DEPOSITS (4) (5) (6) (7) (8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, column (8) line 25 (2)	vered 'Yes' on Form 9 (a) Description umn (B) line 15) s' on Form 990, Part IV, line (b) Book valu 7, 2 4, 8	90, Part IV, line 11d See Form 990, Part X, line (b) Book val	ue

Schedule D (Form 990) 2017 CENTRAL VERMONT CHAMBER OF COMMER	CE, INC	03-0230263	Page 4
Part'XIE Reconciliation of Revenue per Audited Financial Stateme		e per Return. N/A	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,)	5	
Part:XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expens	ses per Return. N/A	
Complete if the organization answered 'Yes' on Form 990,		•	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5	
Part XIII Supplemental Information.		<u> </u>	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	1. Part IV. lines 1b an	d 2b. Part V.	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule **D** (Form 990) 2017

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047 Open to Rublic Inspection

Department of the Treasury Internal Revenue Service

Name of the organization					Employer identif	ication number
CENTRAL VERMONT CHAMBER (03-02302	63
Partill Fundraising Activities. Comple	te if the organiza	ation answ lete this p	ered 'Yes' o art	on Form 990, Part IV, line	e 17	
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities Check	all that apply	
a Mail solicitations			е	Solicitation of non-	government grants	
b Internet and email solicitations	5		f	Solicitation of gove	rnment grants	
c Phone solicitations			g	H_{\bullet}		
d n-person solicitations			,		,	
·	1					
2 a Did the organization have a written o employees listed in Form 990, Pai	r oral agreemen rt VII) or entity	i with any in connec	tion with p	rofessional fundraising	services?	Yes X No
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	dividuals or ent	ities (fund				aiser is to be
		T			(v) Amount paid to	(4) A
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo of cont	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		Join (1)	
1						
2					,	
3						
4						
5						
6						
7						
8						
9						
10						
·Total			•			0.
List all states in which the organization or licensing	on is registered	or licensed	to solicit c	ontributions or has been	notified it is exempt fro	m registration
						
		-,				

Pai	tie .	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gr	event contribution	nswered 'Yes' on Fo is and gross income	orm 990, Part IV, li e on Form 990-EZ,	ne 18, or reported lines 1 and 6b
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add column (a) through column (c))
RE		•	(event type)	(event type)	(total number)	<u> </u>
*******	1	Gross receipts				
Ē	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
D		Rent/facility costs				
R E C T		Food and beverages				
		Entertainment				
EXPENSES					•	
S E S	9	Other direct expenses				
	ſ	Direct expense summary Add lines 4 the Net income summary Subtract line 10 fr	=		>	
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' on Form 990, Pa	rt IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue			17,403.	17,403.
E		Cash prizes			6,400.	6,400.
D I P R N C T E	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 0 %	Yes0 % X No	Yes 0 %	
	7	Direct expense summary Add lines 2 the	rough 5 in column (d)		>	6,400.
	8	Net gaming income summary Subtract I	ine 7 from line 1, colun	nn (d)	<u> </u>	11,003.
	alsth olf'N	er the state(s) in which the organization come organization licensed to conduct gamin o,' explain LOWED BY STATE STATUTE				Yes X No
		e any of the organization's gaming license es,' explain	es revoked, suspended	, or terminated during th	e tax year?	Yes XNo
BAA			TEEA3702L (09/18/17	Schedule G (For	m 990 or 990-EZ) 2017

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Schedule G (Form 990 or 990-EZ) 2017 CENTRAL VERMONT CHAMBER OF COMMERCE, INC

	, , , , , , , , , , , , , , , , , , , ,	023	0203	
11	Does the organization conduct gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in			
ā	a The organization's facility	13a		 %
	An outside facility	13 b		L00.0%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name WILLIAM MOORE	. – – –		_ .
	Address PO BOX 336, BARRE, VT 05641			-
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenu	e?	Yes	XNo
ŧ	o If 'Yes,' enter the amount of gaming revenue received by the organization * \$ and the	e amoı	unt	
	of gaming revenue retained by the third party \\$			
•	c If 'Yes,' enter name and address of the third party			
	Name ►			
	Address ►			
	Address •			
16	Gaming manager information			
	Name •		- -	
	Gaming manager compensation ► \$			
	Description of services provided	_ ~ _		
	Director/officer Employee Independent contractor			•
17	Mandatory distributions			
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	X No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne		
n ==	organization's own exempt activities during the tax year > \$		(w) and	<u> </u>
<u>Kar</u>	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions	umns / addit	tional	(V),

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017

Open to Public tinspection

Department of the Treasury Internal Revenue Service

CENTRAL VERMONT CHAMBER OF COMMERCE, INC

Employer identification number

03-0230263

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERS ARE AREA BUSINESSES WHO VOLUNTARILY JOIN THE CHAMBER TO TAKE ADVANTAGE OF THE VARIOUS BENEFITS MEMBERSHIP BRINGS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 CIRCULATED TO THE BOARD PRIOR TO FILING AND APPROVED AT A REGULAR MEETING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CHAMBER REQUIRES ALL BOARD MEMBERS TO SIGN A FORM NOTIFYING THEM OF ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT PRESIDENT'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD AFTER LOOKING AT AREA SALARIES AND EXPERIENCE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990 AVAILABLE AT GUIDESTAR.ORG. ALL OTHER DOCUMENTS AVAILABLE UPON REQUEST.