

Form 990-EZ

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

Short Form

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
PUTNEY OPEN DOOR FUND

Number and street (or P O box, if mail is not delivered to street address)Room/suite
345 HICKORY RIDGE ROAD

City or town, state or province, country, and ZIP or foreign postal code
PUTNEY, VT 05346

D Employer identification number
03-0355388

E Telephone number
(312) 404-2612

F Group Exemption Number

G Accounting Method

☐ Cash

☒ Accrual

Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts

If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 160,560**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I ☒									
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	157,009					
	2	Program service revenue including government fees and contracts	2						
	3	Membership dues and assessments	3						
	4	Investment income	4	3,551					

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	141,083	22 247,860
23 Land and buildings		23
24 Other assets (describe in Schedule O)	21,450	24 8,698
25 Total assets	162,533	25 256,558
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	162,533	27 256,558

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
 SCHOLARSHIP GRANTS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29 See Additional Data Table	29a	
(Grants \$) If this amount includes foreign grants, check here ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☒	32	66,335

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LINDA COLEMAN	000 00	0		
PRESIDENT				
ANNE GRUPPO	000 00	0		
VP				
DAVID GRUPPO	000 00	0		
TREASURER				
COREY MODESTE	000 00	0		
SECRETARY				
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