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2017

OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| Name of foundation BLITTERSDORF FAMILY FOUNDATION INC | | | A Employer identification number |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| Number and street (as B.C. | hav number if mail in === | : delivered to street address) Room/suite | 06-1764244 |
| 1042 DORSET STREET | box number if mail is not | tuenvered to street address) Roomysuite | B Telephone number (see instructions) (802) 482-2255 |
| City or town, state or provir CHARLOTTE, VT 05445 | nce, country, and ZIP or f | oreign postal code | C If exemption application is pending, check here ▶ □ |
| G Check all that apply | ☐ Initial return ☐ Final return ■ | ☐ Initial return of a former public ch☐ Amended return ■ | 2 Foreign organizations meeting the 85% |
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| | | 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) |
| | ь | Investments—corporate stock (attach schedule) |
| | С | Investments—corporate bonds (attach schedule) |
| | 11 | Investments—land, buildings, and equipment basis ▶ |
| | | Less accumulated depreciation (attach schedule) ▶ |
| | 12 | Investments—mortgage loans |
| | 13 | Investments—other (attach schedule) |
| | 14 | Land, buildings, and equipment basis ▶ |

Less accumulated depreciation (attach schedule) Other assets (describe ▶ _ 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 20,289 1,118,151 1,118,151 17 Accounts payable and accrued expenses . 18 Grants payable. 19 Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule). 21 Other liabilities (describe ▶_ 22 Total liabilities(add lines 17 through 22) 23 Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 20,289 1,118,151 25 Temporarily restricted

26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.

Liabilities Net Assets or Fund Balances Capital stock, trust principal, or current funds 27 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds

20,289

20.289

1,118,151

1,118,151

20,289

1,102,862

1,123,151

1,118,151 Form **990-PF** (2017)

5,000

1

2

3

4

5

6

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

30

31

Part III

2

3

4

7 Add lines 5 and 6

instructions

Page 3

| List and describe 2-story brick wa | (a) e the kınd(s) of property sold (e g , re irehouse, or common stock, 200 shs | ral estate, How acq P—Purc MLC Co) D—Done | uired Date a | c) (d) cquired Date sold day, yr) (mo , day, yr) |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------|
| 1a | | | | |
| | | | | |
| | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (loss) (e) plus (f) minus (g) |
| a | | | | |
| b | | | | |
| C | | | | |
| d | | | | |
| е | | | | |
| Complete only for asse | ts showing gain in column (h) and ow | <u> </u> | | (1) |
| (i) F M V as of 12/31/6 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (ı) over col (յ), ıf any | col (k | nns (Col (h) gain minus (), but not less than -0-) or Losses (from col (h)) |
| a | | | | |
| b | | | | |
| С | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net incom3 Net short-term capital | ne or (net capital loss) | If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 1222(5) and (6) | } 2 | |
| If gain, also enter in P in Part I, line 8 | Part I, line 8, column (c) (see instructi | ons) If (loss), enter -0- | . } 3 | |
| Part V Qualification | Under Section 4940(e) for Re | educed Tax on Net Investme | ent Income | |
| For optional use by domestic | private foundations subject to the se | ction 4940(a) tax on net investmer | nt income) | |
| f section 4940(d)(2) applies, | leave this part blank | ble amount of any year in the base | period? | ☐ Yes ☑ No |
| | not qualify under section 4940(e) Do | | | |
| 1 Enter the appropriate a | mount in each column for each year, | see instructions before making an | y entries | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | | (d) tribution ratio divided by col (c)) |
| 2016 | 177,551 | 48,66 | 0 | 3 648808 |
| 2015 | 639,622 | 356,62 | 0 | 1 793567 |
| 2014 | 271,655 | 1,026,78 | 0 | 0 264570 |
| 2013 | 204,439 | 1,208,58 | 1 | 0 169156 |
| 2012 | 165,400 | 1,409,00 | 7 | 0 117388 |
| 2 Total of line 1, column | (d) | | 2 | 5 993489 |
| | io for the 5-year base period—divide | | | |
| | undation has been in existence if less | | 3 | 1 198698 |
| | oncharitable-use assets for 2017 fror | • | 4 | 64,922 |
| 5 Multiply line 4 by line 3 | | | 5 | 77,822 |
| 6 Enter 1% of net investr | nent income (1% of Part I line 27h) | | 6 | 0 |

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

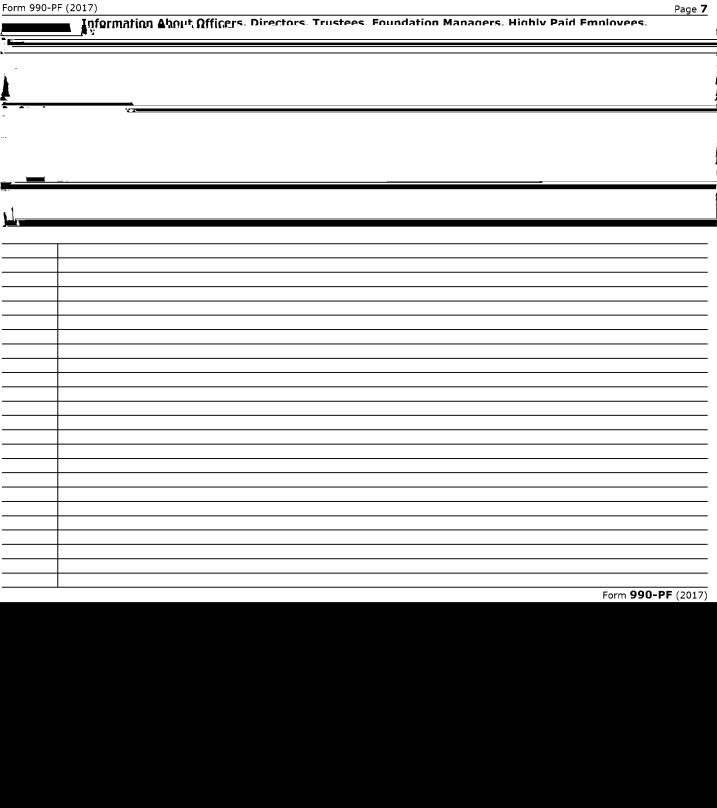
77,822

351,000

7

8

| Form | 990-PF (20 | 017) | Page 6 |
|----------------------------------------|------------|---------------------------------------------------------------------------------|---------------|
| Pai | t VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (Continued) | |
| 5a | During the | e year did the foundation pay or incur any amount to | |
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| 1,1 | | | |
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| | 990-PF (2017) | | Page 8 |
|-----|---------------------------------------------------------------------------------------------------------------|---------|-----------------------|
| Par | Minimum Investment Return (All domestic foundations must complete this part Foreign foundation | ns,see | instructions) |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 65,911 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 65,911 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 65,911 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | ınstructions) | 4 | 989 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 64,922 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 3,246 |
| Pa | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations | and cer | taın foreign |
| | organizations check here 🕨 🔲 and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 3,246 |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | |
| b | Income tax for 2017 (This does not include the tax from Part VI) 2b | | |
| C | Add lines 2a and 2b | 2c | 0 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 3,246 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 3,246 |
| 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 | 3,246 |
| Dar | t XII Qualifying Distributions (see instructions) | | |
| | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 351,000 |
| 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 | | |
| а | 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 | 351,000 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | ıncome Enter 1% of Part I, line 27b (see instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 351,000 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether t | he four | idation qualifies for |
| · | the cotton-MMACa) undustrian at these years | | |

3,246

3,246

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0

(d)

2017

b From 2013. . . . c From 2014. . .

d From 2015.

e From 2016.

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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) 8 Excess distributions carryover from 2012 not

indicated below:

| Form 990-PF (20 | 017) | |
|-----------------|----------------------|--------------------|
| Part XIII | Undistributed Income | (see instructions) |

Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. **b** Total for prior years

Excess distributions carryover, if any, to 2017 From 2012.

94.995 201,876 220.432 621.881

175,118 f Total of lines 3a through e.

(a)

Corpus

(b)

Years prior to 2016

(c)

2016

1.314.302

347.754

1,662,056

94.995

1,567,061

201.876 220,432

621.881

175,118

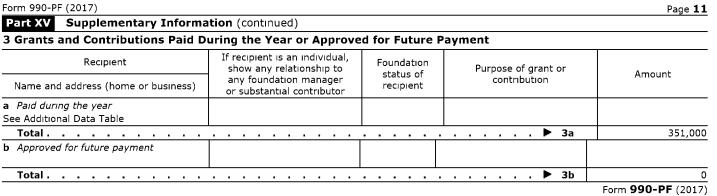
347.754

0

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

GRANTS WILL ACHEIVE GOALS IN AREAS OF ENVIRONMENTALISM & RENEWABLE ENERGY DEVELOPMENT

factors



| ter gross | amounts unless otherwise indicated | Unrelated b | ısıness ıncome | Excluded by section | | (e) Related or exempt |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------------------|----------------------|----------------------------------------|
| . Program | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
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| е | | | | | | |
| | | | | | | |
| _ | and contracts from government agencies | | | | | |
| Intere | st on savings and temporary cash | | | 14 | | 2 |
| | ds and interest from securities | | | | | |
| | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | nvestment income. | | | | | |
| Gain o | r (loss) from sales of assets other than | | | | | |
| | ory | | | | | |
| | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| b | | | | | | |
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| • | | | | l l | | |
| | al Add columns (b), (d), and (e). | | 0 | | | 2 |
| Subtota Total. | al Add columns (b), (d), and (e) | | 0 | 1: | ; 3; | |
| Subtota Total. (See wo | | ations) | | | | 2 0 |
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| Subtota Total. (See wo art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which is the accomplishment of the foundation's explain accomplishment of the foundation accomplishment of the foundation's explain accomplishment of the foundation accompl | ations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | 3 | 2 |
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| Subtota Total. A (See wo art XVI ine No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calculated and the second activities to the second accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which is the accomplishment of the foundation's explain accomplishment of the foundation accomplishment of the foundation's explain accomplishment of the foundation accompl | ations) e Accomplish income is report | ment of Exempled in column (e) of | pt Purposes F Part XVI-A contribu | 3 | 2 |

| orm 9 | 90-PF | (2017) | | | | | | | | | | Pa | ge 13 |
|--------------|--------|--------------------------------------------------------------------------------------------------------------|---------------------------|---------|---------------|------------------|---------|--------------|-------------|----------------------------------------------|-------------------------|---------|--------------|
| Part | XVI | Information R Exempt Organ | | ransi | fers To a | ind Transac | tion | s and I | Relatio | nships With Nonchari | table | | |
| | | organization directly or in e Code (other than secti | | | | | | | | n described in section 501 organizations? | | Yes | No |
| a Tra | nsfers | from the reporting fou | ndation to a r | oncha | ritable exe | empt organizat | ion c | of | | | | | |
| (1) | Casl | h | | | | | | | | | 1a(1) | | No |
| (2) | Oth | er assets | | | | | | | | | 1a(2) | | No |
| b Oth | er tra | insactions | | | | | | | | | | | |
| (1) | Sale | es of assets to a noncha | rıtable exemp | t orga | nızatıon. | | | | | | 1b(1) | | No |
| (2) | Purc | chases of assets from a | noncharitable | exem | pt organiz | ation | | | | | 1b(2) | | No |
| (3) | Ren | tal of facilities, equipme | nt, or other a | ssets. | | | | | | | 1b(3) | | No |
| (4) | Reir | mbursement arrangeme | nts | | | | | | | | 1b(4) | | No |
| (5) | Loar | ns or loan guarantees. | | | | | | | | | 1b(5) | | No |
| (6) | Perfo | ormance of services or n | nembership o | r fundi | raısıng solı | icitations | | | | | 1b(6) | | No |
| | _ | of facilities, equipment, | - | | - | | | | | · · · · · · · · · · · · · · · · · · · | 1c | | No |
| of t | he go | | rvices given b | y the | reporting f | foundation If t | the fo | oundatio | n receive | d less than fair market vali | | | |
| (a) Line | No No | (b) Amount involved | (c) Name of | noncha | arıtable exer | npt organization | | (d) Desc | cription of | transfers, transactions, and sha | ring arra | ngemen | its |
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| des | cribed | undation directly or indii d in section 501(c) of th complete the following s (a) Name of organizat | e Code (other schedule | | section 50 | • | section | on 527? | | | ☐ Yes | ✓ | No |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Sign Here | of i | | f, it is true, c | | | | | f prepare | | retur | all infor the IRS di | rmation | n of |
| | | Signature of officer or | trustee | T | | Date | | — / T | itle | below | | _ | |
| | | Print/Type preparer' | c name | Dron | arer's Sign | ature | | D - 1 - | | DTIM | | | |

Use Only

Print/Type preparer's name Preparer's Signature Date Check if self-P01252335 employed ightharpoonupEDWARD J MURPHY CPA Paid **Preparer** Firm's name ► AM PEISCH & COMPANY LLP Firm's EIN ▶03-0210880

Firm's address ▶ 401 WATER TOWER CIRCLE STE 302

COLCHESTER, VT 054461914

Form **990-PF** (2017)

Phone no (802) 654-7255

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|
| Recipient Name and address (home or business) | 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 | | | |
| a Paid during the year | or substantial contributor | | - | · | | | |
| EFFICIENCY VERMONT - VERMONT ENERGY EDUCATION PROGRAM PO BOX 1364 MONTPELIER, VT 05601 | NONE | NONPROFIT ORGANIZATI | CONTRIBUTION TO HELP BRING HIGH-QUALITY, HANDS-ON SCIENCE AND ENERGY EDUCATION TO STUDENTS AND TEACHERS AROUND THE REGION | 1,000 | | | |
| LIVING WELL GROUP - VERMONT ELDER RESOURCE GROUP 1200 NORTH AVE BURLINGTON, VT 05408 | NONE | NON-PROFIT ORGANIZAT | DIRECT SUPPORT FOR PROVIDING PROFESSIONALS AND ORGANIZATIONS SERVING VERMONT OLDER ADULTS WITH PEER-TO-PEER EDUCATION AND NETWORKING OPPORTUNITIES TO ENABLE THEM TO BETTER SERVE THEIR CLIENTS ALL MEMBERS SHARE THE COMMON DESIRE TO PROMOTE SUCCESSFUL AGING IN COMMUNITIES THROUGH INCREASED KNOWLEDGE AND REFERRAL OF APPROPRIATE RESOURCES | 5,000 | | | |
| NET ZERO VERMONT INC 15 STATE STREET THIRD FLOOR MONTPELIER, VT 05602 | NONE | NON-PROFIT ORGANIZAT | DIRECT GRANT TO SUPPORT SUSTAINABLE DOWNTOWN DISTRICTS DEDICATED TO ADVANCING SUSTAINABLE DEVELOPMENT OF DOWNTOWNS, TRANSFORMING TRANSPORTATION AND ENERGY SYSTEMS TO LOW CARBON ALTERNATIVES AND RAISING PUBLIC AWARENESS ABOUT THE IMPORTANCE OF MOVING TO A POST-CARBON FUTURE | 10,000 | | | |
| POST CARBON INSTITUTE 613 4TH STREET SUITE 208 SANTA ROSA, CA 95404 | NONE | NONPROFIT ORGANIZATI | GRANT TO ASSIT THE INSTITUTE TO LEAD THE TRANSITION TO A MORE RESILIENT, EQUITABLE, AND SUSTAINABLE WORLD BY PROVIDING INDIVIDUALS AND COMMUNITIES WITH THE RESOURCES NEEDED TO UNDERSTAND AND RESPOND TO THE INTERRELATED ECOLOGICAL, ECONOMIC, ENERGY, AND EQUITY CRISES OF THE 21ST CENTURY | 100,000 | | | |
| RENEWABLE ENERGY VERMONT - EDUCATIONAL FUND P O BOX 1036 MONTPELIER, VT 05601 | NONE | NONPROFIT ORGANIZATI | DIRECT SUPPORT FOR EDUCATIONAL EFFORTS TOWARD VT-BASED RENEWABLE AND SUSTAINABLE ENERGY SOURCES | 10,000 | | | |
| Total | | | | 351,000 | | | |

| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | Amount |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Recipient | show any relationship to | status of | contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| a Paid during the year | | | | |
| UNIVERSITY OF VERMONT FOUNDATION 411 MAIN STREET BURLINGTON, VT 05401 | NONE | NONPROFIT ORGANIZATI | GRANT TO THE STATE UNIVERSITY'S "RESEARCH ON VERMONT" FUND | 25,000 |
| VERMONT TECHNICAL COLLEGE PO BOX 500 124 ADMIN DRIVE RANDOLPH CENTER, VT 05061 | NONE | NONPROFIT ORGANIZATI | UNRESTRICTED GRANT TOWARD DEVELOPING FUNCTIONAL MANUFACTURING LABS & LEARNING FACILITIES | 30,000 |
| VT BUSINESSES FOR SOCIAL RESPONSIBILITY - RESEARCH & EDUCATION FOUNDATION 255 SOUTH CHAMPLAIN STREET STE 11 BURLINGTON, VT 05401 | NONE | NONPROFIT ORGANIZATI | DIRECT GRANT TO HELP VBSR REF PROVIDE RESEARCH AND EDUCATION ON ISSUES OF IMPORTANCE TO THE NATURAL, HUMAN, AND ECONOMIC ENVIRONMENTS OF VERMONT CITIZENS | 20,000 |
| VT PUBLIC INTEREST RESEARCH GROUP - EDUCATIONAL FUND 141 MAIN STREET STE 6 MONTPELIER, VT 05602 | NONE | NONPROFIT ORGANIZATI | UNRESTRICTED GRANT TO VPIRG'S EDUCATIONAL FOUNDATION'S INDEPENDENT RESEARCH AND EDUCATIONAL OUTREACH TO PUBLIC POLICY DEBATES CONCERNING THE ENVIRONMENT, HEALTH CARE, CONSUMER PROTECTION AND DEMOCRACY PROMOTING AND PROTECTING THE HEALTH OF VERMONT'S PEOPLE, ENVIRONMENT AND LOCALLY- BASED ECONOMY BY INFORMING AND MOBILIZING CITIZENS STATEWIDE | 150,000 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed D | ata - | D | LN: 93491120002078 | | | | | |
|-------------------------------------------------------------------------------------|------------|--------------------------|------------------------|---------------------------------------------|--|--|--|--|--|
| TY 2017 Accounting Fees Schedule | | | | | | | | | |
| Name: BLITTERSDORF FAMILY FOUNDATION INC EIN: 06-1764244 Accounting Fees Schedule | | | | | | | | | |
| Category Ar | mount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | | |
| ACCOUNTING FEES | 1,140 | 0 | | 0 | | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491120002 | 078 | | |
|--------------------------------------------------------|-----------------|-------------------------|------------------|-----|--|--|
| TY 2017 All Other Program Related Investments Schedule | | | | | | |
| | | | | | | |
| Name: | BLITTERSDOR | F FAMILY FOUNDATION INC | | | | |
| EIN: | 06-1764244 | | | | | |
| | Category | | Amount | | | |
| N/A | | | | 0 | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491120002078 TY 2017 Explanation of Non-Filing with Attorney General Statement Name: BLITTERSDORF FAMILY FOUNDATION INC **EIN:** 06-1764244

Statement: STATE OF VERMONT DOES NOT REQUIRE, NOR DOES IT ACCEPT, SUBMISSIONS OF FORM 990-PF AT THIS TIME.

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491120002078 | | | | | |
|--------------------------------------|-----------------|-------------------------|---------------------|--|--|--|--|--|
| TY 2017 Other Decreases Schedule | | | | | | | | |
| | | | | | | | | |
| Name: | BLITTERSDOR | F FAMILY FOUNDATION INC | | | | | | |
| EIN: | 06-1764244 | | | | | | | |
| Description | | Amount | | | | | | |

2017 CONTIRBUTION-IN-TRANSIT CLEARED 2018

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|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|
| Schedule B | | Schedu | ule of Contribute | ors | | OMB No 1545-0047 | | | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ► 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 | | | | | 2017 | | | |
| Name of the organizati BLITTERSDORF FAMILY F | | | | | Employer id | dentification number | | | |
| Organization type (che | eck one) | | | | 06-1764244 | | | | |
| 2 | • | | | | | | | | |
| Filers of: | Section: | | | | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)(| 501(c)() (enter number) organization | | | | | | | |
| | ☐ 4947(a)(| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| | ☐ 527 politi | ☐ 527 political organization | | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | | | |
| | ☐ 4947(a)(| 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | ☐ 501(c)(3) | 501(c)(3) taxable private foundation | | | | | | | |
| | | | PF that received, during Complete Parts I and II S | | | | | | |
| Special Rules | | | | | | | | | |
| under sections 5 received from ar | 509(a)(1) and 170(b) | (1)(A)(vi), that che uring the year, tota | g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gr plete Parts I and II | 990 or 990-EZ), P | art II, line 13, | 16a, or 16b, and that | | | |
| during the year, | total contributions of | f more than \$1,000 | , or (10) filing Form 990 Dexclusively for religious animals Complete Part | s, charitable, scien | | | | | |
| during the year, If this box is che purpose Don't o | contributions exclus cked, enter here the complete any of the p | ively for religious, total contributions parts unless the G | , or (10) filing Form 990 charitable, etc , purpose s that were received duri eneral Rule applies to tl or more during the year | es, but no such con ing the year for an his organization be | ntributions tota exclusively re ecause it recei | aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i> | | | |
| 990-EZ, or 990-PF), but | ıt must answer "No | on Part IV, line 2 | ile and/or the Special Ru c, of its Form 990, or che at it doesn't meet the filin | ck the box on line | H of its | | | | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 99 | | ructions | Cat No 30613X | Schedu | ule B (Form 990 | o, 990-EZ, or 990-PF) (2017) | | | |

Name of organization Employer identification number BLITTERSDORF FAMILY FOUNDATION INC 06-1764244 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 DAVID C BLITTERSDORF Person **Payroll** 1042 DORSET STREET \$ 1,455,000 Noncash CHARLOTTE, VT054459720 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)