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DLN: 93491135029928

2017

OMB No. 1545-0052

## Return of Private Foundation

Department of the Treasury Internal Revenue Service

990-PF

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 <a href="mailto:www.irs.gov/form990pf">www.irs.gov/form990pf</a>. Inspection For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017 A Employer identification number THE WISDOM CONNECTION INC Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 333 ATHERTON WAY (802) 533-2478 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here GREENSBORO, VT 05841 ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ Final return Amended return ☐ Name change Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here J Accounting method of year (from Part II, col (c), line 16)▶\$ 2,607,596 Other (specify) (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions) ) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 78,630 78,630 78,630 5a Net rental income or (loss) 199,601 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 199,601 Net short-term capital gain 39,261 Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b . . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) 12 Total. Add lines 1 through 11 278,231 278.231 117.891 Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 60,000 60,000 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . رو Accounting fees (attach schedule) 2,780 700 2,080 ارچە 23.630 23.136 494 Other professional fees (attach schedule) 17 [چە 6.588 1.998 4,590 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . 2,992 2,992 22 Printing and publications . . . 23 Other expenses (attach schedule) 26,677 26,677 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 25,834 96,833 122,667 25 Contributions, gifts, grants paid 135.000 135.000 26 Total expenses and disbursements. Add lines 24 and 257,667 25,834 231,833 27 Subtract line 26 from line 12 Excess of revenue over expenses and 20,564 disbursements 252,397 Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-)

|        |     | 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 ▶                             |           |           |          |
| ts.    | 8   | Inventories for sale or use  |           |           |          |
| Assets | 9   | Prepaid expenses and deferred charges                              |           |           |          |
| As     | 10a | Investments—U S and state government obligations (attach schedule) |           |           |          |
|        | b   | Investments—corporate stock (attach schedule)                      | 2,446,288 | 2,584,666 | 2,584,66 |
|        | С   | Investments—corporate bonds (attach schedule)                      |           |           |          |
|        |     | _  |           |           |          |

2,607,596

2,607,596

2,607,596

2,607,596

2

3

4

5

6

2,456,695

20,564

130,337

2,607,596

2,607,596 Form **990-PF** (2017)

2,456,695

2,456,695

2,456,695

2,607,596

## 11 Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ 12 Investments—mortgage loans . . . . . Investments—other (attach schedule) 13 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) 2,456,695 Accounts payable and accrued expenses . 17 18 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule). . . . . . Other liabilities (describe ▶\_ 22

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

Unrestricted . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Temporarily restricted . Permanently restricted .

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Liabilities

or Fund Balances

Net Assets

23

24

25

26

27

28

29

30

31

Part III

2

3

Page **3** 

|  | (a)<br>the kind(s) of property sold (e g , re  |                                 | <b>(b)</b><br>How acquired<br>P—Purchase                                  | (c) Date acquired                          | (d)<br>Date sold                          |  |  |
|--|--|---------------------------------|---|--|---|--|--|
|  | ehouse, or common stock, 200 shs   | D—Donation                      | (mo , day, yr )   | (mo , day, yr )                            |   |  |  |
| 1aSee Additional Data Table                                    | e  |                                 |   |  | <u> </u>                                  |  |  |
| b  |  |                                 |   |  |   |  |  |
| <u> </u>   |  |                                 |   |  |   |  |  |
| d  |  |                                 |   |  |   |  |  |
| e  |  |                                 | ( )   | ,  | <u> </u>                                  |  |  |
| (e)<br>Gross sales price                                       | (f) Depreciation allowed (or allowable)  | Cost or                         | (g) (h) r other basis Gain or (loss) pense of sale (e) plus (f) minus (g) |  |   |  |  |
| <b>a</b> See Additional Data Tabl                              | e  |                                 |   |  |   |  |  |
| b  |  |                                 |   |  |   |  |  |
| С  |  |                                 |   |  |   |  |  |
| d  |  |                                 |   |  |   |  |  |
| e  |  |                                 |   |  |   |  |  |
| Complete only for assets                                       | showing gain in column (h) and ow  | ned by the foundation           | on 12/31/69   |  | (I)                                       |  |  |
| (i)<br>F M V as of 12/31/69                                    | (j)<br>Adjusted basis  | Excess                          | (k)<br>of col (ı)   | col (k), but not                           | h) gain minus<br>less than -0-) <b>or</b> |  |  |
| a See Additional Data Table                                    | as of 12/31/69   | over col                        | (j), if any   | Losses (fr                                 | om col (h))                               |  |  |
| b  | e  |                                 |   |  |   |  |  |
| С  |  |                                 |   |  |   |  |  |
| d  |  |                                 |   |  |   |  |  |
| <u>е</u>   |  |                                 |   |  | _   |  |  |
|  | 2 199,601  |                                 |   |  |   |  |  |
| · · ·  | rt I, line 8, column (c) (see instruction  |                                 | }   | 3  | 39,261                                    |  |  |
| Part V Qualification l   | Jnder Section 4940(e) for Re   | educed Tax on Net               | Investment In   | come                                       |   |  |  |
| (For optional use by domestic p                                | rivate foundations subject to the sec  | ction 4940(a) tax on ne         | et investment incom   | ne )                                       |   |  |  |
| If section 4940(d)(2) applies, le                              | eave this part blank   |                                 |   | _  | _   |  |  |
|  | e section 4942 tax on the distributal of qualify under section 4940(e) Do  |                                 |   | ?  | es 🗸 No                                   |  |  |
| 1 Enter the appropriate an                                     | nount in each column for each year,  | see instructions before         | making any entrie   | S  | _   |  |  |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitab | le-use assets   | (d) Distribution rat (col (b) divided by o |   |  |  |
| 2016   | 211,736  |                                 | 2,445,095   |  | 0 08660                                   |  |  |
| 2015   | 217,290  |                                 | 2,673,183   |  | 0 08129                                   |  |  |
| 2014   | 208,833  |                                 | 2,829,340   |  | 0 07381                                   |  |  |
| 2013   | 183,956  |                                 | 2,381,434   |  | 0 07725                                   |  |  |
| 2012   | 193,977  |                                 | 2,496,124   |  | 0 07771                                   |  |  |
| 2 Total of line 1, column (                                    | d)   |                                 | 2   |  | 0 396648                                  |  |  |
|  | o for the 5-year base period—divide to the following for the 5-year base period—divide to form the following for the fol |                                 | , or by the   |  | 0 079330                                  |  |  |
| 4 Enter the net value of no                                    | ncharitable-use assets for 2017 fron   | n Part X, line 5                | 4   |  | 2,363,748                                 |  |  |
| <b>5</b> Multiply line 4 by line 3                             |  |                                 | 5   |  | 187,516                                   |  |  |
| <b>6</b> Enter 1% of net investme                              | ent income (1% of Part I, line 27b)  |                                 | 6   |  | 2,524                                     |  |  |
|  |  |                                 | 7   |  | 190,040                                   |  |  |
|  | ons from Part XII, line 4 ,  |                                 |   |  | 231,833                                   |  |  |
|  | eater than line 7, check the box in Pa   | art VI, line 1b, and com        | plete that part usir  | ng a 1% tax rate Se                        | e the Part VI                             |  |  |
| Instructions   |  |                                 |   | F  | orm <b>990-PF</b> (2017)                  |  |  |

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

| Form 990-PF (2017  | 7)   |   |   |   |           |  |  |
|--------------------|--|---|---|---|-----------|--|--|
|                    | nformation About O<br>nd Contractors   | fficers, Directors, Trust                                       | ees, Foundation Ma                        | inagers, Highly Paid En   | ıployees, |  |  |
| 1 List all offic   | 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). |   |   |   |           |  |  |
| (a) Nam            | e and address  | Title, and average<br>hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense a |  |  |
| See Additional Dat | a Table  |   |   |   |           |  |  |

| 1 List all bilicers, unfectors, trustee  | s, iounuation managers ar                                       | id their compensation                     | (see mstructions).  |                                       |
|--|---|---|---|---------------------------------------|
| (a) Name and address   | Title, and average<br>hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| See Additional Data Table  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
| 2 Compensation of five highest-pai   |   | hose included on line 1                   | —see instructions). If noi  Contributions to                          | ie, enter "NONE."                     |
| (a)<br>Name and address of each employee pa<br>more than \$50,000                  | Title, and average hours per week (b) devoted to position       | (c) Compensation                          | employee benefit plans and deferred (d) compensation                  | Expense account, (e) other allowances |
| TARA REYNOLDS  | EXEC DIRECTOR<br>40 00  | 60,00                                     | 0 23,341  |                                       |
| 333 ATHERTON WAY<br>GREENSBORO, VT 05841   | 70 00   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
| T-4-1  |   |   |   |                                       |
| Total number of other employees paid over<br>3 Five highest-paid independent co    |   |   |   |                                       |
| (a) Name and address of each persor  |   |   | e of service  | (c) Compensation                      |
| NONE   |   | -   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   | -   |   |                                       |
|  |   |   |   |                                       |
|  |   | -   |   |                                       |
| Total number of others receiving over \$50   | ,000 for professional services                                  |   |   |                                       |
| Part IX-A Summary of Direct C List the foundation's four largest direct charitable |   | uda valavant statistical inform           | ation such as the number of   |                                       |
| organizations and other beneficiaries served, con                                  |   |   | ation such as the number of   | Expenses                              |
| 1  |   |   |   |                                       |
|  |   |   |   |                                       |
| 2  |   |   |   |                                       |
|  |   |   |   |                                       |
| 3  |   |   |   |                                       |
| -  |   |   |   |                                       |
| 4  |   |   |   |                                       |
|  |   |   |   |                                       |
| Part IX-B Summary of Program   | n-Related Investments   | (see instructions)                        |   |                                       |
| Describe the two largest program-related inve                                      |   | · · · · · · · · · · · · · · · · · · ·     | and 2   | Amount                                |
| 1  |   |   |   |                                       |
|  |   |   |   |                                       |
| 2  |   |   |   |                                       |
|  |   |   |   |                                       |
| All other program-related investments  | See instructions  |   |   |                                       |

Total. Add lines 1 through 3 Form **990-PF** (2017)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

231.833

2.524

229.309

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Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

3

4

5

**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 required—see instructions). . . . . . . . .

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

**5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

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

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. .

6 Enter the net total of each column as

indicated below:

same amount must be shown in column (a) )

115,663

115,663

Form **990-PF** (2017)

| P | art XIII Undistributed Income (see instru           | ctions)       |                            |                    |                     |
|---|---|---------------|----------------------------|--------------------|---------------------|
|   |   | (a)<br>Corpus | (b)<br>Years prior to 2016 | <b>(c)</b><br>2016 | ( <b>d)</b><br>2017 |
| 1 | Distributable amount for 2017 from Part XI, line 7  |               |                            |                    | 1                   |
| 2 | Undistributed income, if any, as of the end of 2017 |               |                            |                    |                     |
| а | Enter amount for 2016 only                          |               |                            |                    |                     |
| b | Total for prior years 20                            |               |                            |                    |                     |
| 3 | Excess distributions carryover, if any, to 2017     |               |                            |                    |                     |
| а | From 2012   |               |                            |                    |                     |

68,656 73 029 88.319

91,667 f Total of lines 3a through e. . . . . . . .

393.394

116,170

509,564

71.723

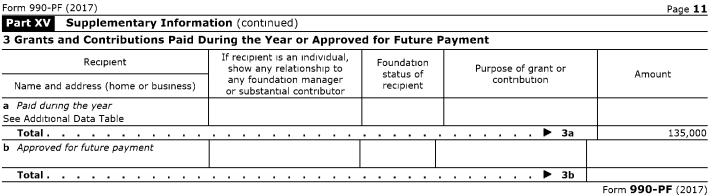
437,841

68.656 73,029

88.319

91.667

116,170



|                  | Analysis of Income-Producing s amounts unless otherwise indicated                                  | Unrelated b          | usiness income | Excluded by section   | 512, 513, or 514 | (e)<br>Related or exempt               |
|------------------|--|----------------------|----------------|-----------------------|------------------|--|
| <b>1</b> Progran | n service revenue  | (a)<br>Business code | (b)<br>Amount  | (c)<br>Exclusion code | (d)<br>Amount    | function income<br>(See instructions ) |
| _                |  |                      |                |                       |                  |  |
| b                |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
| _                | and contracts from government agencies   |                      |                |                       |                  |  |
| 3 Intere         | est on savings and temporary cash  |                      |                |                       |                  |  |
|                  | nds and interest from securities   |                      |                | 14                    | 78,630           |  |
| 5 Net rer        | ntal income or (loss) from real estate   |                      |                |                       |                  |  |
| a Debt-          | -financed property   |                      |                |                       |                  |  |
|                  | lebt-financed property   |                      |                |                       |                  |  |
| <b>6</b> Net re  | ental income or (loss) from personal property  |                      |                |                       |                  |  |
|                  | nvestment income   |                      |                |                       |                  |  |
|                  | or (loss) from sales of assets other than  |                      |                | 18                    | 199,601          |  |
|                  | tory   |                      |                | 10                    | 199,001          |  |
|                  | profit or (loss) from sales of inventory   |                      |                |                       |                  |  |
|                  | revenue a  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
| 12 Subtot        | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)                            |                      |                |                       | 278,231          |  |
| (See w           | orksheet in line 13 instructions to verify calcu   | ations )             |                | 13                    | 3                | 278,231                                |
|                  | I-B Relationship of Activities to th   |                      | nment of Exem  | pt Purposes           |                  |  |
| Line No.<br>▼    | Explain below how each activity for which the accomplishment of the foundation's ex instructions ) |                      |                |                       |                  |  |
|                  | ,  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
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|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |
|                  |  |                      |                |                       |                  |  |

| orm 9        | 90-PF (      | 2017)   |                  |           |            |   |              |            |                 |               |                | Pa             | ge <b>13</b>    |
|--------------|--------------|---|------------------|-----------|------------|---|--------------|------------|-----------------|---------------|----------------|----------------|-----------------|
| Part         | XVII         | Information Re<br>Exempt Organi   |                  | ransfei   | rs To a    | nd Transac  | tions and    | Relatio    | nships With Noi | ncharit       | able           |                |                 |
|              |              | ganization directly or in<br>Code (other than sectio  | directly enga    |           |            |   |              |            |                 | on 501        |                | Yes            | No              |
| <b>a</b> Tra | nsfers f     | rom the reporting foun  | dation to a n    | oncharit  | able exe   | mpt organizat                                     | on of        |            |                 |               |                |                |                 |
| (1)          | Cash.        |   |                  |           |            |   |              |            |                 |               | 1a(1)          |                | No              |
| (2)          | Other        | assets  |                  |           |            |   |              |            |                 |               | 1a(2)          |                | No              |
|              |              | sactions  |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              | of assets to a nonchar  | •                | -         |            |   |              |            |                 |               | 1b(1)          |                | No              |
|              |              | ases of assets from a r   |                  |           | -          |   |              |            |                 |               | 1b(2)          |                | No              |
|              |              | l of facilities, equipmer   | •                |           |            |   |              |            |                 |               | 1b(3)          |                | No              |
|              |              | oursement arrangemen<br>or loan guarantees.   |                  |           |            |   |              |            |                 | •             | 1b(4)<br>1b(5) |                | No<br>No        |
| ٠.           |              | mance of services or m  |                  |           |            |   |              |            |                 | •             | 1b(5)          |                | No              |
| ٠.           |              | facilities, equipment, n  |                  |           | _          |   |              |            |                 | •             | 10(0)          |                | No              |
|              | -            | ver to any of the above   |                  |           |            |   |              |            |                 | •<br>market v |                |                | 110             |
|              | iny tran     | ds, other assets, or ser saction or sharing arra  | ngement, sh      | ow in col | lumn (d)   |   | the goods, o | ther asse  |                 | ved           |                | ngemen         | its             |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
| des          | cribed       | idation directly or indire<br>in section 501(c) of the<br>complete the following si<br>(a) Name of organization | Code (other      |           | ction 501  |   | ection 527?  |            |                 |               | Yes            | <b>✓</b>       | No              |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
| _            |              |   |                  |           |            |   |              |            |                 |               |                | _              | _               |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
|              |              |   |                  |           |            |   |              |            |                 |               |                |                |                 |
| Sign         | of m<br>whic | er penalties of perjury,<br>y knowledge and belief<br>h preparer has any kno                                    | , it is true, co |           |            |   |              |            |                 | ased on       |                | matio          | n of            |
| Here         | -            | ******<br>Gignature of officer or t   | rusto o          |           |            | 2018-05-15<br>——————————————————————————————————— | <b></b> )-   | ******<br> |                 | return        |                |                |                 |
|              |              | nghature of officer or t  | usice            |           |            | Date  |              | ille       |                 | (see ır       | ıstr )? 🖸      | <b>∕</b> l Yes | □ <sub>No</sub> |
|              |              | Print/Type preparer's   | name             | Prepare   | er's Signa | ature   | Date         |            |                 | PTIN          |                |                |                 |
|              |              |   |                  | •         | -          |   |              |            | Check if self-  |               | P00476         | 486            |                 |
| Paid         |              | E Lela McCaffrey C  | PA               |           |            |   |              |            | employed ▶ Ш    |               | . 557/6        | . 100          |                 |
| _            | arer<br>Only | Firm's name ► Foth  | ergıll Segale    | & Valley  | CPAs       |   |              |            |                 | Fırm's E      | IN ▶03-        | -03008         | 341             |

Firm's address ► 143 Barre Street

Montpelier, VT 05602

Phone no (802) 223-6261

Form **990-PF** (2017)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation BPD-006319 - SEE ATTACHED SCHEDULE Р 2017-01-01 2017-01-01 BPD-006319 - SEE ATTACHED SCHEDULE Ρ 2000-01-01 2017-01-01 BPD-008214 - SEE ATTACHED SCHEDULE Р 2017-01-01 2017-01-01 BPD-008214 - SEE ATTACHED SCHEDULE Р 2000-01-01 2017-01-01 BPH-007064 - SEE ATTACHED SCHEDULE Ρ 2017-01-01 2017-01-01 Ρ BPH-007064 - SEE ATTACHED SCHEDULE 2000-01-01 2017-01-01 Р BPH-007560 - SEE ATTACHED SCHEDULE 2017-01-01 2017-01-01 Р BPH-007560 - SEE ATTACHED SCHEDULE 2000-01-01 2017-01-01 BPH-009075 - SEE ATTACHED SCHEDULE Ρ 2017-01-01 2017-01-01 BPH-009075 - SEE ATTACHED SCHEDULE Р 2017-01-01 2000-01-01 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 2,268 2,257 11 69,539 69,382 157 157,952 141,497 16,455 334,900 320,145 14,755 48,167 44,781 3,386 113,189 48,343 161,532 20,268 18,752 1,516 47,842 41,263 6,579 1,378 1,296 82 38,322 38,493 -171 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 11 157 16,455 14,755 3,386 48,343 1,516 6,579 82 -171

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold How acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation BPH-010049 - SEE ATTACHED SCHEDULE Ρ 2017-01-01 2017-01-01 BPH-010049 - SEE ATTACHED SCHEDULE Р 2000-01-01 2017-01-01 BPH-010561 - SEE ATTACHED SCHEDULE Р 2017-01-01 2017-01-01 BPH-010561 - SEE ATTACHED SCHEDULE Р 2000-01-01 2017-01-01 Ρ BPH-002010 - SEE ATTACHED SCHEDULE 2017-01-01 2017-01-01 Ρ 2000-01-01 2017-01-01 BPH-002010 - SEE ATTACHED SCHEDULE Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (or allowable) (h) (e) plus (f) minus (g) (f) (a) plus expense of sale 79,739 75,608 4,131 110,847 77,086 33,761 15,124 141,141 126,017 100,702 74,945 25,757 17,774 19,218 -1,444149,788 118,629 31,159 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any 4,131 33,761 15,124 25,757 -1,44431,159

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation F WILLIAM ALLEY Treasurer 1 00 333 ATHERTON WAY GREENSBORO, VT 05841 PATRICIA PASSMORE ALLEY President 8 00 333 ATHERTON WAY GREENSBORO, VT 05841 PATRICIA HEFFERNAN Director O 1.00 333 ATHERTON WAY GREENSBORO, VT 05841 ERIC ERWIN Director 0.00 333 ATHERTON WAY GREENSBORO, VT 05841 MARY PARKE MEYER Secretary 1 00 333 ATHERTON WAY GREENSBORO, VT 05841 SUSAN COFFEY Director 1 00 333 ATHERTON WAY

GREENSBORO, VT 05841

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                         |   |        |  |  |  |  |
|--|---|-------------------------|---|--------|--|--|--|--|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution  | Amount |  |  |  |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |   |        |  |  |  |  |
| a Paid during the year   |   |                         |   |        |  |  |  |  |
| LUND FAMILY CENTERPO BOX 4009<br>BURLINGTON, VT 05406  | NONE  | 501(C)                  | IN SUPPORT OF KIDS A PART PROGRAM   | 5,000  |  |  |  |  |
| CRAFTSBURY COMMUNITY CARE<br>CENTER<br>1784 EAST CRAFTSBURY ROAD<br>CRAFTSBURY, VT 05826                 | NONE  | 501(C)                  | OPERATING SUPPORT   | 1,000  |  |  |  |  |
| AWAREPO BOX 307<br>HARDWICK, VT 05843  | NONE  | 501(C)                  | OPERATING SUPPORT   | 7,500  |  |  |  |  |
| VERMONT YOUTH CONSERVATION<br>CORPS INC<br>1949 EAST MAIN STREET<br>RICHMOND, VT 05477                   | NONE  | 501(C)                  | OPERATING SUPPORT   | 1,000  |  |  |  |  |
| FOUR SEASONS OF EARLY LEARNING<br>1160 MAIN STREET<br>GREENSBORO, VT 05842                               | NONE  | 501(C)                  | \$10,000 TO SUPPORT PURCHASE<br>OF LAND AND \$9,500 FOR<br>TUITION ASSISTANCE | 19,500 |  |  |  |  |

135,000

| CRAFISBURY, VI U5826                  |      |        |                   |     |
|---------------------------------------|------|--------|-------------------|-----|
| AWAREPO BOX 307<br>HARDWICK, VT 05843 | NONE | 501(C) | OPERATING SUPPORT | 7,5 |
| VERMONT YOUTH CONSERVATION            | NONE | 501(C) | OPERATING SUPPORT | 1,0 |

Total . . За

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GRACEPO BOX 960 NONE 501(C) OPERATING SUPPORT 1,000 HARDWICK, VT 05843 GREENSBORO NURSING HOME NONE 501(C) **OPERATING SUPPORT** 5,000

| 47 MAGGIES POND ROAD<br>GREENSBORO, VT 05841                          |      |        |                   | ·     |
|---|------|--------|-------------------|-------|
| HARDWICK AREA FOOD PANTRY<br>39 W CHURCH STREET<br>HARDWICK, VT 05843 | NONE | 501(C) | OPERATING SUPPORT | 8,000 |
| NEK KIDS ON THE MOVE  | NONE | 501(C) | OPERATING SUPPORT | 2,000 |

| HARDWICK, VI 05843  |      |        |                   |       |
|---|------|--------|-------------------|-------|
| NEK KIDS ON THE MOVE<br>165 SHERMAN DRIVE<br>ST JOHNSBURY, VT 05819 | NONE | 501(C) | OPERATING SUPPORT | 2,000 |
| VERMONT HUMANITIES COUNCIL  | NONE | 501(C) | OPERATING SUPPORT | 5,000 |

| ST JOHNSBURY, VT 05819   |      |        |                   |      |
|--|------|--------|-------------------|------|
| VERMONT HUMANITIES COUNCIL<br>11 LOOMIS STREET<br>MONTPELIER, VT 05602 | NONE | 501(C) | OPERATING SUPPORT | 5,00 |

135,000

| ST JOHNSBURY, VT 05819                      |      |        |                   |    |
|---|------|--------|-------------------|----|
| VERMONT HUMANITIES COUNCIL 11 LOOMIS STREET | NONE | 501(C) | OPERATING SUPPORT | 5, |

Total.

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WHOLEHEART INC333 ATHERTON WAY SAME FOUNDER 501(C) OPERATING SUPPORT 30,000 GREENSBORO, VT 05841

| CIRCUS SMIRKUS1 CIRCUS ROAD<br>GREENSORO, VT 05841                                 | NONE | 501(C) | PROGRAM SUPPORT      | 1,000 |
|--|------|--------|----------------------|-------|
| VERMONT CHILDRENS TRUST<br>FOUNDATION<br>95 ST PAUL STREET<br>BURLINGTON, VT 05401 | NONE | 501(C) | SUPPORT NEK PROGRAMS | 5,000 |

| 95 ST PAUL STREET<br>BURLINGTON, VT 05401           |      |        |  |        |
|---|------|--------|--|--------|
| HOME SHARE NOW105 N MAIN ST<br>BARRE, VT 05641      | NONE | 501(C) | OPERATING SUPPORT  | 1,000  |
| UP FOR LEARNINGPO BOX 63<br>EAST HARDWICK, VT 05836 | NONE | 501(C) | IN SUPPORT OF B&P<br>FOUNDATIONS CHALLENGE FOR<br>GENERAL OPERATIONS | 12,000 |

| HOME SHARE NOW105 N MAIN ST<br>BARRE, VT 05641      | NONE | 501(C) | OPERATING SUPPORT                           | 1,0  |
|---|------|--------|---|------|
| UP FOR LEARNINGPO BOX 63<br>EAST HARDWICK, VT 05836 | NONE | 501(C) | IN SUPPORT OF B&P FOUNDATIONS CHALLENGE FOR | 12,0 |

135,000

Total. За

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CENTER FOR COURAGE AND RENEWAL NONE 501(C) OPERATING SUPPORT 5,000 36 COLLEGE ST

5,000

10,000

10,000

| MONTPELIER, VT 05602  |      |        |                          |  |
|---|------|--------|--------------------------|--|
| VERMONT WORKS FOR WOMEN<br>32A MALLETTS BAY AVE<br>WINOOSKI, VT 05404 | NONE | 501(C) | IN SUPPORT OF DIRT DIVAS |  |
| CRAFTSBURY SAPLINGSPO BOX 87  | NONE | 501(C) | START-UP AND OPERATING   |  |

| CRAFTSBURY SAPLINGSPO BOX 87<br>CRAFTSBURY, VT 05826     | NONE | 501(C) | START-UP AND OPERATING COSTS |  |
|--|------|--------|------------------------------|--|
| THE CENTER FOR AN AGRICULTURAL ECONOMY 140 JUNCTION ROAD | NONE | 501(C) | SUPPORT LOCAL PROGRAMS       |  |

| ECONOMY<br>140 JUNCTION ROAD<br>HARDWICK, VT 05843 |      | 332(3) |                           |  |
|--|------|--------|---------------------------|--|
| WONDERARTS165 WILSON AVE                           | NONE | 501(C) | GENERAL OPERATING SUPPORT |  |

| 140 JUNCTION ROAD<br>HARDWICK, VT 05843 |      |        |                           |  |
|---|------|--------|---------------------------|--|
| WONDERARTS165 WILSON AVE                | NONE | 501(C) | GENERAL OPERATING SUPPORT |  |

| HARDWICK, VT 05843                               |      |        |                           |  |
|--|------|--------|---------------------------|--|
| WONDERARTS165 WILSON AVE<br>GREENSBORO, VT 05841 | NONE | 501(C) | GENERAL OPERATING SUPPORT |  |

| MADIFICA, VI 05015                               |      |        |                           |    |
|--|------|--------|---------------------------|----|
| NONDERARTS165 WILSON AVE<br>GREENSBORO, VT 05841 | NONE | 501(C) | GENERAL OPERATING SUPPORT | 1, |

| WONDERARTS165 WILSON AVE<br>GREENSBORO, VT 05841 | NONE | 501(C) | GENERAL OPERATING SUPPORT | 1,000   |
|--|------|--------|---------------------------|---------|
| Total  |      |        | • • • • • • •             | 135,000 |

| efile GRAPHIC print - DO NOT P   | ROCESS   | As Filed D | ata - |                      |                        | DLN | l: 93491135029928                           |
|----------------------------------|----------|------------|-------|----------------------|------------------------|-----|---|
| TY 2017 Accounting Fees Schedule |          |            |       |                      |                        |     |   |
| _                                |          |            |       |                      |                        |     |   |
|                                  | Name:    | THE WIS    | DOM   | CONNECTION           | INC                    |     |   |
|                                  | EIN:     | 20-0288    | 195   |                      |                        |     |   |
| Softv                            | vare ID: | 1700503    | 8     |                      |                        |     |   |
| Software \                       | Version: | 2017v2.2   | 2     |                      |                        |     |   |
| Accounting Fees Schedule         |          |            |       |                      |                        |     |   |
| Category                         | Amo      | ount       | Net   | Investment<br>Income | Adjusted Net<br>Income |     | Disbursements<br>for Charitable<br>Purposes |
|                                  |          | 2,780      |       | 700                  |                        | 0   | 2,080                                       |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DL                     | N: 93491135029928                           |  |  |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|--|
| TY 2017 Other Expenses Schedule      |                                      |                          |                        |   |  |  |  |
|                                      |                                      |                          |                        |   |  |  |  |
| Name:                                | THE WISDOM C                         | ONNECTION INC            |                        |   |  |  |  |
| EIN:                                 | 20-0288195                           |                          |                        |   |  |  |  |
| <b>Software ID:</b> 17005038         |                                      |                          |                        |   |  |  |  |
| Software Version: 2017v2.2           |                                      |                          |                        |   |  |  |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |  |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |  |
| EMPLOYEE BENEFITS                    | 23,341                               |                          |                        | 23,341                                      |  |  |  |
| OFFICE COSTS                         | 2,936                                |                          |                        | 2,936                                       |  |  |  |
| STAFF DEVELOPMENT                    | 400                                  |                          |                        | 400   |  |  |  |

| efile GRAPHIC print - DO NOT PROCE       | ESS As Filed Data | -                        | DLN                    | N: 93491135029928                           |  |  |  |  |  |
|--|-------------------|--------------------------|------------------------|---|--|--|--|--|--|
| TY 2017 Other Professional Fees Schedule |                   |                          |                        |   |  |  |  |  |  |
|  |                   |                          |                        |   |  |  |  |  |  |
| Na                                       | me: THE WISDO     | M CONNECTION IN          | NC                     |   |  |  |  |  |  |
| <b>EIN:</b> 20-0288195                   |                   |                          |                        |   |  |  |  |  |  |
| <b>Software ID:</b> 17005038             |                   |                          |                        |   |  |  |  |  |  |
| Software Version: 2017v2.2               |                   |                          |                        |   |  |  |  |  |  |
| Category                                 | Amount            | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |  |  |
| CONTRACT SERVICES                        | 494               | 0                        | 0                      | 494   |  |  |  |  |  |
| INVESTMENT MANAGEMENT FEES               | 23,136            | 23,136                   | 0                      | 0   |  |  |  |  |  |

| efile GRAPHIC print - DO NOT PR | OCESS    | As Filed Data | -                        | DI                     | .N: 93491135029928                          |
|---------------------------------|----------|---------------|--------------------------|------------------------|---|
| TY 2017 Taxes Schedule          | е        |               |                          |                        |   |
|                                 |          |               |                          |                        |   |
|                                 | Name:    | THE WISDO     | M CONNECTION IN          | IC                     |   |
|                                 | EIN:     | 20-0288195    |                          |                        |   |
| Softwa                          | 17005038 |               |                          |                        |   |
| Software Version: 2017v2.2      |          |               |                          |                        |   |
| Category                        | Amount   |               | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| FOREIGN TAXES                   |          | 1,998         | 1,998                    |                        |   |
| PAYROLL TAXES                   |          | 4,590         |                          |                        | 4,590                                       |