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

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OMB No 1545-0052

2017

Open to Public Inspection

Department of the Treasury

	=		222		<u> </u>					in to 1 ubile inspection
	For ca	lenda	ar year 2017 or ta	x year beginnin	g	6/29 <b>, 2017</b>	, and ending 12	/3		<del></del>
	m1	O		T				A	Employer identification num	nber
			a Foundation					В	82-2019103 Telephone number (see inst	
			Lichtenfel th Cove Roa					P	802-238-5954	ructions)
			ton, VT 054						002 230 3334	
	Duri		(COII, VI 03-	101				C	If exemption application is	pending, check here   X
	G Ch	eck a	Il that apply	X Initial return		Initial return of a fori	mer public charity	_	1 Foreign organizations, chec	le boro
				Final return	Ī	Amended return	,	יי	roreign organizations, chec	K liefe
				Address chan	ae 🗇	Name change		1	2 Foreign organizations meet	
	H Ch	eck t	ype of organization			(c)(3) exempt private	foundation	1	here and attach computation	ın 🟲 📋
	•			nonexempt char	itable t	rust Other taxable	private foundation	Ε	If private foundation status	was terminated
	I Fai		et value of all assets a			counting method X C		1	under section 507(b)(1)(A)	
			t II, column (c), line 16			Other (specify)	☐	F	If the foundation is in a 60	month termination
	▶ :	<del>S</del>	49	891.	(Part I	column (d) must be or	n cash basis )	{ <b>"</b>	under section 507(b)(1)(B)	
	Part	•	nalysis of Re		(, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T	1			
		E	xpenses (The t	total of amounts i	n	(a) Revenue and expenses per books	(b) Net investment	ΠL	(c) Adjusted net income	(d) Disbursements for charitable
		C	olumns (b), (c), a	nd (d) may not	neces-					purposes
		S	arily equal the amsee instructions)	nounts in columi	n (a)					(cash basis only)
		<b>⊤</b> 1		, etc , received (attach sche	dule)	140,830.				
<b>)</b> /		2		idation is not required to at		110,030.				
<u> </u>				·						ì
Ø		3	Interest on savings and ter			5.		5.		
		4	Dividends and interest from a Gross rents.	n securities						
			<b>b</b> Net rental income						<del></del>	
	_	١ ـ	or (loss)			2 (46				
	R		a Net gain or (loss) from sall b Gross sales price for		176	3,646.			<u> </u>	
	E V	7	assets on line 6a	me (from Part IV, line		i	3,64	16	RE	CEIVED
	Ě	8	Net short-term capita	•	; 2)		3,04	<u> </u>		- O
	U	9	Income modifications	-					S NUA	
	Ε	10	a Gross sales less returns and							2 1 2313
			allowances						<u> </u>	
			b Less Cost of goods sold						OG	DEN, UT
		'	C Gross profit or (loss) (atta	ch schedule)						
		11	Other income (attach	schedule)						: 1
		1								
			Total. Add lines 1 t			144,481.	3,65	$\frac{1}{2}$	0.	19,089.
		13	Other employee sala	cers, directors, truster	es, etc .	23,861.	4,7	۷.		19,009.
		15	Pension plans, emple	•						
		1	a Legal fees (attach so	-	St. 1	7,010.				7,010.
	A		<b>b</b> Accounting fees (atta	<b>,</b>		7,010.				7,010.
	D M		C Other professional fees (a							
	0 1	17	Interest	tidan seny						
	PS	18	Taxes (attach schedule)(se	e instrs) See S	tm 2	2,075.	// /	.5.		1,660.
	O P E R A	19	Depreciation (attach	o mod by	•	2,013.	4.7	٠.		1,000.
	ÎÎ	'	schedule) and deplet	ion						
	N Y	20	Occupancy							
<u>ত</u>	_	21	Travel, conferences,	•		165.				83.
2019	A E N X D P	22 23	Printing and publicat Other expenses (atta							
7	Ε	23		ee Stateme	nt 3	879.				879.
0	N	24	Total operating and		11C J	0/9.				013.
	S E S		expenses. Add lines	13 through 23		33,990.	5,18	37.		28,721.
MAR	•	25	Contributions, gifts, grants	paid Part	. XV	60,600.				60,600.
		26	Total expenses and	dısbursements.			_			
品		ļ	Add lines 24 and 25.			94,590.	5,18	<u> 37.</u>	0.	89,321.
SCANNED		27	Subtract line 26 from a Excess of revenue of			<del></del>				1
Z			and disbursements.	evhelises		49,891.				
3			b Net investment inco	me (if negative, enter	0-)	<u></u>		0.		
Š			C Adjusted net income	e (if negative, enter -0	)-)				0.	

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0504L 08/25/17

Form **990-PF** (2017)



Par	F 11 3	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	<del></del>
ı aı	1157		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest	J L	<u>,</u>		
	2	Savings and tempora	ary cash investments		49,891.	49,891.
	3	Accounts receivable	<b>-</b>		<del></del>	
		Less allowance for	doubtful accounts •			
	4	Pledges receivable			<del>_</del>	
	_	Less allowance for	doubtful accounts •			
	5	Grants receivable				
	6	disqualified persons (attac	ers, directors, trustees, and other ch schedule) (see instructions)			
Α.	7	Other notes and loans reco	`		<del></del>	
ŝ	_	Less allowance for o	<b></b>			
A S S E T	8	Inventories for sale of				
	9	Prepaid expenses ar	<u> </u>			_
S		obligations (attach s	·			
	l	Investments — corporate			_	<u></u>
		: Investments — corporate	· · · · · · · · · · · · · · · · · · ·			-
	11	Investments – land, equipment basis	•       •         •			
		Less accumulated depreci (attach schedule)	<b>-</b>			
		Investments – morto				
	13	Investments — other	•		r 1.9"	30 1 01 7 7
	14	Land, buildings, and Less accumulated depreci		<u> </u>		J. Jan. J. May Port
		(attach schedule)	auori ►			
	15	Other assets (descrit	oe ►)		·	
	16	Total assets (to be of see the instructions	completed by all filers — Also, see page 1, item I)	0.	49,891.	49,891.
Ļ	17	Accounts payable an	d accrued expenses			CONTRACTOR OF THE PROPERTY OF
Å	18	Grants payable				
A B I	19	Deferred revenue	Į			
L	20	•	ors, trustees, & other disqualified persons			
ł	21	Mortgages and other notes	, , ,			
ŀ	22	Other liabilities (desc	cribe)			
E S	23	Total liabilities (add		0.	0.	
		and complete lines 2	low SFAS 117, check here 24 through 26, and lines 30 and 31.			
N F	24	Unrestricted				
N F E U T N	25	Temporarily restricte	<b> </b>			The same of the same of the same of
ח	26	Permanently restricted	h			
A B S A L T		Foundations that do and complete lines 2	not follow SFAS 117, check here X 7 through 31.			
E L T A S N	27	Capital stock, trust p	rincipal, or current funds			
SN	28	•	or land, bldg., and equipment fund			
O E R S	29	~ .	lated income, endowment, or other funds		49,891.	
RS	30		und balances (see instructions)	0.	49,891.	
	31	(see instructions)	net assets/fund balances	0.	49,891.	
Pari			ges in Net Assets or Fund Balance		45,051.	Carrier Carrier Constitution of the Constituti
			<del> </del>	<del></del>	aroo with	
7	end-c	of-year figure reported	alances at beginning of year – Part II, colui I on prior year's return)	ıııı (a), iine əv (must a	gree with 1	0.
		amount from Part I,			2	49,891.
3	Other	increases not included in lir	ne 2 (itemize)		3	,
4	Add I	ines 1, 2, and 3		- <b></b>	4	49,891.
		ises not included in line 2 (		. <b></b> _	5	
6	Total	net assets or fund ba	alances at end of year (line 4 minus line 5)	<ul><li>Part II, column (b), I</li></ul>	ine 30 <b>6</b>	49,891.

Part: IV:   Canital Gaine :	ida Foundation, Inc. and Losses for Tax on Investmen	nt Income			
(a) List and des	cribe the kind(s) of property sold (for examply varehouse, or common stock, 200 share:	ole, real estate,	(b) How acquire P — Purchase D — Donation	(mo , day, yr )	(d) Date sold (mo , day, yr )
1a Publicly traded	securities		5 50.10407		
b	- JOSAF FEET OF				
С					
d			_		
e		<del>-</del>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		<b>(h)</b> Gain or ((e) plus (f) mi	
a 104,4	76.	10	0,830.		3,646.
b					
C					
d				<u>.</u>	
<u>e</u>		<u></u>			
<del></del>	showing gain in column (h) and owned	<del></del>		(I) Gains (Col	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), bi than -0-) or Losses (fro	
a					3,646.
b					
C					<del></del>
d					
<u>e</u>				1	
2 Capital gain net income of		o enter in Part I, line 7 hter -0- in Part I, line 7	-  ,	,	2 646
3 Net short-term capital gain	n or (loss) as defined in sections 1222(5		-2		3,646.
If gain, also enter in Part in Part I, line 8	I, line 8, column (c) See instructions If	f (loss), enter -0-	-   :		0.
Part V Qualification U	nder Section 4940(e) for Reduce	ed Tax on Net Investn	ent Incom	е	
(For optional use by domestic private	vate foundations subject to the section 4940	O(a) tax on net investment inc	come )	N/A	
If section 4940(d)(2) applies, le	eave this part blank				
Was the foundation liable for th	ne section 4942 tax on the distributable a	amount of any year in the b	ase period?	Yes	☐ No
If 'Yes,' the foundation doesn't	qualify under section 4940(e) Do not co	omplete this part			
1 Enter the appropriate amou	int in each column for each year, see the in	structions before making any	entries		
<b>(a)</b> Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution (col (b) divided	
2016			-	<del>-</del>	
2015					
2014					
2013					
2012					
2 Total of line 1, column (d	)		2		
	r the 5-year base period — divide the total				
number of years the foun	dation has been in existence if less than	n 5 years	3		<del></del>
4 Enter the net value of nor	ncharitable-use assets for 2017 from Pai	rt X, line 5	4		
			]	1	

6 Enter 1% of net investment income (1% of Part I, line 27b)
6
7 Add lines 5 and 6
7
8 Enter qualifying distributions from Part XII, line 4
8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

	•	
, Forn	1990-PF (2017) The Onda Foundation, Inc. 82-2019103	Page <b>4</b>
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	<del></del>
1:	Exempt operating foundations described in section 4940(d)(2), check here	
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)	
1	Domestic foundations that meet the section 4940(e) requirements in Part V,	0.
	check here. ► and enter 1% of Part I, line 27b	
(	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	0.
3	Add lines 1 and 2	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	0.
6	Credits/Payments	
ä	2017 estimated tax pmts and 2016 overpayment credited to 2017	
ı	Exempt foreign organizations — tax withheld at source 6 b	
	Tax paid with application for extension of time to file (Form 8868)	
	Backup withholding erroneously withheld	
7	Total credits and payments Add lines 6a through 6d	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  If Form 2220 is attached 8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.	0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax	
Pa	t VII-A1 Statements Regarding Activities	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes No
i	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1 b X
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	
•	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   \$\frac{0}{2}\$ On foundation managers  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  \$\frac{0}{2}\$ On foundation managers  \$\frac{0}{2}\$ On foundation managers	1c X
•	<u> </u>	2 X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities	2 X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes.	3 X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If 'Yes,' attach the statement required by General Instruction T	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
	By language in the governing instrument, or	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV	7 X
	Enter the states to which the foundation reports or with which it is registered. See instructions	
٠.	VT	
t	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If 'No,' attach explanation	8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If 'Yes,' complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses  See Statement 4	10 X
BAA		orm <b>990-PF</b> (2017)

Par	t VII-A	Statements Regarding Activities (continued)					
11	At any ti within th	me during the year, did the foundation, directly or indirectly, own a controlled entity e meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions			11	Yes	No X
12	Did the fo	nundation make a distribution to a donor advised fund over which the foundation or a disqualified perso privileges? If 'Yes,' attach statement See instructions	on had		12		x
13	Did the f	oundation comply with the public inspection requiroments for its annual returns and exemption	applica	ition?	13	Х	
	Website	<u> </u>					
14		rs are in care of ► <u>Deborah Lichtenfeld</u> Telephone at ► 170 South Cove Road Burlington VT ZIP + 4 ►		802-2	<u>38-5</u>	954_	. <b>– –</b> -
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	054		_N/A		-
		r the amount of tax-exempt interest received or accrued during the year	•	15			N/A
16	At any tin	ne during calendar year 2017, did the foundation have an interest in or a signature or other authority of	vera			Yes	No
	bank, se	curities, or other financial account in a foreign country?			16		Х
		Instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' name of the foreign country					
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Bc Required					
		n 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	_	e year, did the foundation (either directly or indirectly)	_				
	(1) Enga	ige in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			;
		ow money from, lend money to, or otherwise extend credit to (or accept it from) a ialified person?	Yes	X No			
	(3) Furn	sh goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			İ
	<b>(4)</b> Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?	X Yes	No	Ì		
	(5) Tran	sfer any income or assets to a disqualified person (or make any of either available	□v	V Na			
	ior ti	ne benefit or use of a disqualified person)?	Yes	X No	ľ		
	(6) Agre	e to pay money or property to a government official? (Exception. Check 'No' if the					
	of go	lation agreed to make a grant to or to employ the official for a period after termination vernment service, if terminating within 90 days.)	Yes	X No			
ь	If any an	swer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in					
	_	swer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in one section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions			1 b		X
	Organiza	tions relying on a current notice regarding disaster assistance, check here	•	. П			
C	Did the for that were	bundation engage in a prior year in any of the acts described in 1a, other than excepted acts, not corrected before the first day of the tax year beginning in 2017?			1 c		X
2	Taxes or private o	failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the er	of tax year 2017, did the foundation have any undistributed income (lines 6d	□ <b>v</b>	V Na			
		Part XIII) for tax year(s) beginning before 2017 <sup>5</sup> ist the years ► 20 _ , 20 _ , 20	Yes	X No	1		
					ļ		
b	Are there	eany years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942) to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	(a)(2) a)(2) to		į		
		listed, answer 'No' and attach statement — see instructions )	ع)رد) ان ا		2b	N	/A
C	If the pro	visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere			٥	
	▶ 20	_ , 20 , 20 , 20				i	
3 a		oundation hold more than a 2% direct or indirect interest in any business e at any time during the year?	Yes	X No		9	
b	If 'Yes,' o	did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation					
	by the Co	did it have excess business holdings in 2017 as a result of <b>(1)</b> any purchase by the foundation diffied persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved mmissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	3				
	(3) the la	pse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule Č, Form 4720, to e if the foundation had excess business holdings in 2017.)			3 b	M	/A
A ~		bundation invest during the year any amount in a manner that would jeopardize its					
<b>→</b> a		e purposes?			4 a		Х
h	Did the fo	oundation make any investment in a prior year (but after December 31, 1969) that could				.	
	jeopardize	e its charitable purpose that had not been removed from jeopardy before the first day of					
BAA		ear beginning in 2017?			rm <b>99</b>	)-PF (	X 2017)
_~~				1 4	ולביקה וווויי		//

Form 990-PF (2017) The Onda Foundation	on, Inc.		<del></del>		2019	9103	F	age 6
Part VII-B Statements Regarding Activit		4720 May Be Req	uired (c	ontınue	<u>d)</u>	- h	1	
<b>5 a</b> During the year, did the foundation pay or incur a	-	- (cooker 4045(c))?		□ vaa	₩.		Yes	No
<ul><li>(1) Carry on propaganda, or otherwise attempt</li><li>(2) Influence the outcome of any specific pub</li></ul>	•	, , , , , , , , , , , , , , , , , , , ,		Yes	X N	O F	[ <del>-</del>	
on, directly or indirectly, any voter registra	ation drive?			Yes	XN	-	h .	
(3) Provide a grant to an individual for travel,		•		Yes	XN	0		-
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	•			Yes	X	0		
(5) Provide for any purpose other than religio educational purposes, or for the prevention	n of cruelty to children	or animals?		Yes	X	·	ļ.,	
<b>b</b> If any answer is 'Yes' to 5a(1)—(5), did <b>any</b> of described in Regulations section 53 4945 or in a See instructions	the transactions fail to current notice regarding d	qualify under the exce lisaster assistance?	ptions			5 b	N	/A
Organizations relying on a current notice rega	rding disaster assistanc	ce, check here		•		. •	,	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A	Yes		lo .		
If 'Yes,' attach the statement required by Reg		• ,				ľ	Ϊ,	
6a Did the foundation, during the year, receive a on a personal benefit contract?				Yes	XN			
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	tit contrac	et?		6 b	,	Х
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	action?	Yes	XN	o	<u> </u>	
<b>b</b> If 'Yes,' did the foundation receive any proceed	eds or have any net inco	ome attributable to the	transactio		N/		1	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Mana	gers, Hi	ghly Pa	id En	nployee	s,	
1 List all officers, directors, trustees, and found		neir compensation. See						
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	emplo plans a	ributions byee bene and defer pensation	efit red	(e) Expen other a	se acc allowar	
Roxanne Scully	Director	0.		·	0.			0 .
_158_South_Cove_Road	1.00							
Burlington, VT 05401	7	02.061	-		_			
Deborah Lichtenfeld	Director	23,861.		,	0.			0 .
170 South Cove Road Burlington, VT 05401	20.00							
Helaina Stergas	Director	0.	<del> </del>		0.			0.
170 South Cove Road	1.00	0.						•
Burlington, VT 05401								
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 — see instructio	ne) If none	enter 'N	ONE.			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Conti emplo plans a	ributions yee beneated defer bensation	to efit	(e) Expen	se acc allowar	ount,
None		-						
								_
Total number of other employees paid over \$50,000					•	C	0.05 10	017
BAA	TEEA0306L 0	8/24/17				Form <b>99</b>	u-Pf (2	(/ IU:

Form 990 PF (2017) The Onda Foundation, Inc.  Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)		2019103 Page 7 id Employees,
3 Five highest-paid independent contractors for professional services. See	instructions If none enter 'NONE'	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None	(4)	(c) compensation
	•	-
Total number of others receiving over \$50,000 for professional services		<u> </u>
Rart X:A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the number of	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convoned, research papers produced, etc.		Expenses
1 N/A		
' N/A		
' N/A		 
2		   
2		   
2		
2		
2		
2		
3 4 Part®IX*B® Summary of Program-Related Investments (see Instru		
2		
3 4 Part®IX*B® Summary of Program-Related Investments (see Instru		
2		Amount
2		
2  3  4  Part*IX*B* Summary of Program-Related Investments (see Instru Describe the two largest program-related investments made by the foundation during the second structure of the second se		
2  3  4  Part*IX*B* Summary of Program-Related Investments (see Instru Describe the two largest program-related investments made by the foundation during the second structure of the second se		Amount

Form **990-PF** (2017)

Total. Add lines 1 through 3

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Form 990-PF (2017) The Onda Foundation, Inc.	82-2019103	Page
Part X Minimum Investment Return (All domestic foundations must complete this part, see instructions.)	Foreign found	ations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  a Average monthly fair market value of securities	1 a	570.
<b>b</b> Average of monthly cash balances	1 b	18,750.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	19,320.
e Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	19,320.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	290.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	19,030.
6 Minimum investment return. Enter 5% of line 5 Short Year Modified Percentage 2.5479	9 8 6	485.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op	erating founda	tions
and certain foreign organizations, check here ▶ □ and do not complete this part	i.)	
1 Minimum investment return from Part X, line 6	1	485.
2 a Tax on investment income for 2017 from Part VI, line 5		
<b>b</b> Income tax for 2017 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	485.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	485.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	485.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes  a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	89,321.
<b>b</b> Program-related investments — total from Part IX-B	1 b	09,321.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
<ul> <li>Amounts set aside for specific charitable projects that satisfy the</li> <li>Suitability test (prior IRS approval required)</li> </ul>	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	89,321.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	89,321.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2017)

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
1 Distributable amount for 2017 from Part XI, line 7	-			485.
2 Undistributed income, if any, as of the end of 2017	1			403.
a Enter amount for 2016 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2017				
a From 2012				
<b>b</b> From 2013				
<b>c</b> From 2014				
<b>d</b> From 2015				
<b>e</b> From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part				
XII, line 4 ► \$ 89,321.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years				
(Élection required — see instructions)		0.		
<ul> <li>Treated as distributions out of corpus (Election required — see instructions).</li> </ul>	0.			
<b>d</b> Applied to 2017 distributable amount	1			485.
e Remaining amount distributed out of corpus	88,836.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a) )				
6 Enter the net total of each column as			:	
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	88,836.			
<b>b</b> Prior years' undistributed income Subtract				
line 4b from line 2b		0.		<u> </u>
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				
•	1	0.		
d Subtract line 6c from line 6b Taxable amount — see instructions	•	o.		• ,
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount — see instructions			n	•
into 2a Taxable amount — See instructions			0.	<u> </u>
f Undistributed income for 2017 Subtract lines		~ 0		
4d and 5 from line 1. This amount must be distributed in 2018.	6		,	0.
7 Amounts treated as distributions out of			-,	,
corpus to satisfy requirements imposed by				,
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.	-	بريا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		,		
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	0.			<b>.</b>
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	88,836.	i		`
10 Analysis of line 9				-
a Excess from 2013			!	
<b>b</b> Excess from 2014				
c Excess from 2015				
d Excess from 2016				
<b>e</b> Excess from 2017 88,836.				
				Form 000 DE (2017)

Form'990-PF (2017) The Onda Foundat				82-201/910	3 Page 10
Rart XIV: Private Operating Founda				<u> </u>	N/A
1 a If the foundation has received a ruling or de is effective for 2017, enter the date of the	e ruling				
<b>b</b> Check box to indicate whether the foundation	ation is a private ope	rating foundation d		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					· · · · · · · · · · · · · · · · · · ·
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>			/		
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets.		/			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV: Supplementary Information assets at any time during t	(Complete this	part only if the	foundation had	\$5,000 or more	in
Information Regarding Foundation Mana a List any managers of the foundation who had close of any tax year (but only if they have None  b List any managers of the foundation who owe a partnership or other entity) of which the None	ve contributed more the contributed more	than \$5,000) (See	section 507(d)(2) )		
NOILE					
2 Information Regarding Contribution, Grant, Check here  X if the foundation only m requests for funds. If the foundation mak 2a, b, c, and d See instructions  a The name, address, and telephone number of the fundation of the	nakes contributions to places gifts, grants, etc	oreselected charitable to individuals or or	ganızatıons under o	ther conditions, con	
<b>b</b> The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de	
c Any submission deadlines		<del>_</del> -			
					<u> </u>
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	ible fields, kinds of i	nstitutions, or other	factors

0.0.1.10.13.13.10.13.10.13.14.14.14.14.14.14.14.14.14.14.14.14.14.		D	1	
3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	T	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
See Statement 5		ŀ		
see statement s				
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			•	
	<u> </u>	L	<u> </u>	60,600
Total			► 3a	60,600
<b>b</b> Approved for future payment				
		1	İ	
		1		
		1		
		1		
		[		
		1		
		[		
		1		
		1		
	L	<u> </u>	<u> </u>	
Total			► 3b	1

Enter gros	s amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
1 Prog	ram service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
a	Tam Solvice Tevende	<u> </u>				
c						
d	<del></del>					<del></del>
е						
f				<del>                                     </del>		
g Fees	and contracts from government agencies	,				
_	bership dues and assessments					
3 Interes	st on savings and temporary cash investments			14	5.	
4 Divid	lends and interest from securities					
5 Net r	ental income or (loss) from real estate					
a Debt	-financed property					
<b>b</b> Not o	debt-financed property					
6 Net re	ntal income or (loss) from personal property					
7 Othe	r investment income.					
8 Gain o	or (loss) from sales of assets other than inventory			18	3,646.	
9 Net 1	ncome or (loss) from special events					
10 Gros	s profit or (loss) from sales of inventory		· · · · · ·			
11 Othe	r revenue					
a						
b						
c						
d						
е						
	otal Add columns (b), (d), and (e)				3,651.	
13 Total	I. Add line 12, columns (b), (d), and (e)				13 _	3,651.
(See works	sheet in line 13 instructions to verify calculation					
(See works Part XVI	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				
(See works	sheet in line 13 instructions to verify calculation	Accomplis				y to the nstructions)
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the nstructions )
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the nstructions)
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(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the instructions )
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the instructions )
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the nstructions )
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the nstructions )
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the instructions )
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(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the instructions )
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the instructions )
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(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the instructions )
(See works Part XVI Line No.	sheet in line 13 instructions to verify calculated.  -B Relationship of Activities to the	Accomplis				y to the instructions )

#### Form 990-PF (2017) The Onda Foundation, Inc. 82-2019103 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1 a (1) (1) Cash 1 a (2) (2) Other assets **b** Other transactions 1 b (1) Sales of assets to a noncharitable exempt organization 1 b (2) (2) Purchases of assets from a noncharitable exempt organization 1 b (3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements. 1 b (4) (5) Loans or loan guarantees 1 b (5) 1 b (6) Х (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1 c d if the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved N/A

de	the foundation directly or indirectly affilial escribed in section 501(c) of the Code ('Yes,' complete the following schedule	ed with, or related to, one or more ta other than section 501(c)(3)) or in	x-exempt organizations section 527?	Yes XNo
	(a) Name of organization	(b) Type of organization	(c) Descri	ption of relationship
N/A				
	· · · · · · · · · · · · · · · · · · ·			
·	Under penalties of perjury, I declare that I have exa correct, and complete Declaration of preparer (oth	mined this return, including accompanying so or than taxpayer) is based on all information of	hedules and statements, and to the best of which preparer has any knowledge	f my knowledge and belief, it is true,
Sign Here	· VIM	11/15/18	Director	May the IRS discuss this return with the preparer shown below? See instructions
	Signature of officer of trustee	Date '	Title	X Yes   No.

Preparer's signature

Grippin, Donlan & Pinkham, PLC

3 Baldwin Avenue

South Burlington,

BAA

Paid

**Preparer** 

**Use Only** 

Print/Type preparer's name

Firm's address

Kristin Wildman, CPA

Form 990-PF (2017)

P01086834

PTIN

802-846-2000

Check

Phone no

self-employed

Firm's EIN > 03-0354347

11-15-18

Kristin Wildman, CPA

VT 05403

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545 0047

2017

Name of the organization The Onda Foundati	on, Inc.	Employer identification number		
c/o Deb Lichtenfe	ld	82-2019103		
Organization type (check one)	- · · · · · · · · · · · · · · · · · · ·			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private treated as a private trust trust treated as a private trust trust treated as a private trust trust treated as a private trust trust treated as a private trust t	ate foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the General	l Rule or a Special Rule.			
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule See instructions		
General Rule				
X For an organization filing Form 990, 990-E2 property) from any one contributor. Complete	Z, or 990-PF that received, during the year, contributions tot ete Parts I and II. See instructions for determining a contribu-	aling \$5,000 or more (in money or utor's total contributions		
Special Rules				
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 99	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supported that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II	port test of the regulations 16a, or 16b, and that ) 2% of the amount on (i)		
during the year, total contributions of more	P1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 exclusively for religious, charitable, scientific, I o children or animals. Complete Parts I, II, and III	from any one contributor, iterary, or educational		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution. An organization that isn't covered by 990-PF), but it must answer 'No' on Part IV, III Part I, line 2, to certify that it doesn't meet the	the General Rule and/or the Special Rules doesn't file Scheo ne 2, of its Form 990, or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 99	dule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 0-PF)		

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

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

	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1 of 1 of Part
Name of organization of the Onion	ada Foundation, Inc.	' '	019103
	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Russell and Roxanne Scully		Person Payroll
	159 South Cove Road	\$ <u>100,830.</u>	Noncash X
	Burlington, VT 05401		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Russell and Roxanne Scully		Person X
	159 South Cove Road	\$40,000.	Payroll Noncash
	Burlington, VT 05401		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>-</b>		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

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TEEA0702L 08/09/17

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

Noncash

(Complete Part II for noncash contributions)

Page

1 to 1 of Part II Employer identification number

The Onda Foundation, Inc.

82-2019103

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,000 Shares of Celgene Stock		
		\$100,830.	11/29/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
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Page

1 to

1 of Part III

	9			
The	Onda	Foundation.	Inc.	

Employer identification number 82-2019103

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)  Show the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A		. <b></b>			
			·			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
				·		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee		
		(a)	·	(4)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
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	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Rela	tionship of transferor to transferee		
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DAA	<u> </u>		Coho	dute B (Form 990, 990-F7, or 990-PF) (2017)		

2017 Client ONDA0	Federal Statements The Onda Foundation, Inc. c/o Deb Lichtenfeld				Page 1 82-2019103	
Statement 1 Form 990-PF, Part I, Line 16a Legal Fees						
Attorney and Accountant F	'ees Total	(a) Expenses Per Books  \$ 7,010. \$ 7,010.		(c) Adjusted Net Income	(d) Charitable Purposes \$ 7,010. \$ 7,010.	
Statement 2 Form 990-PF, Part I, Line 18 Taxes						
Payroll Taxes	Total	(a) Expenses per Books \$ 2,075. \$ 2,075.	(b) Net Investment Income \$ 415.		\$ 1,660	
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses				•		
Office Expenses Payroll Processing Fees	Total	(a) Expenses per Books \$ 163. 716. \$ 879.		(c) Adjusted Net Income	(d) Charitable Purposes \$ 163 716 \$ 879	
Statement 4 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During	the Tax Ye		and Cubaha	anial Cambuil		
Name of Substantial Contributor  Russell and Roxanne Scully		159	south Cove Ro South, VT 05		acor	

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2017	Federal Statements
Client ONDA0	The Onda Foundation, Inc. c/o Deb Lichtenfeld

82-2019103

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Statement 5 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of <u>Grant</u>	Amount
Mercy Connections, Inc 255 S Champlain Street Burlington VT 05401	None	PC	Unrestricted grant for donee's exempt purpose.	\$ 25,000.
King Street Center 87 King Street Burlington VT 05401	None	PC	Unrestricted grant for donee's exempt purpose.	10,000.
Intervale Center 180 Intervale Road Burlington VT 05401	None	PC	Unrestricted grant for donee's exempt purpose.	250.
Vermont Children's Trust Foundation 95 St Paul Street Burlington VT 05401	None	PC	Unrestricted grant for donee's exempt purpose.	250.
Pathways Vermont 125 College Street, Floor 2 Burlington VT 05401	None	PC	Unrestricted grant for donee's exempt purpose.	25,000.
Vermont Natural Resources Council 9 Bailey Avenue Montpelier VT 05602	None	PC	Unrestricted grant for donee's exempt purpose.	100.
			Total	\$ 60,600.