(Rev January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

2949311468302

| | Intern | rtment of t al Revenu | he Treasury e Service | ► Go to w | ww.irs.gov/ | Form990 for inst | tructions and | d the lates | t informati | on. | | Inspection | |
|------------|--------------------|-----------------------------|---|--|----------------|----------------------|---------------------------------------|-------------------|-----------------------------|-----------------------|------------|---------------------------|--|
| | A F | or the | 2019 calend | lar year, or tax year begi | nning | | and | ending | | | | | |
| | Bca | heck if pplicable | C Name o | f organization | | | | | D Emplo | oyer iden | tificatio | n number | |
| | | Address change | SHEL | BURNE FARMS | | | | | | | | | |
| | | Name change | 9 | | | | | | 03 | -0229 | 347 | | |
| | | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | | | | | E Telepi | none num | ber | | |
| | | Final return/ | m/ 1011 HARBOR ROAD | | | | | 802-985-8686 | | | | | |
| | | termin- ated | | own, state or province, co | | ZIP or foreign pos | stal code | | G Gross re | ecerpts \$ | 1 | <u> 16,227,644.</u> | |
| _ | | Amende | SHELBURNE, VI US462 | | | | | | H(a) Is this a group return | | | | |
| رک ک | L | Applica- tion pending | | and address of principal of | | | | | | ubordina | | Yes X No | |
| O_{\sim} | | | TPTT | HARBOR ROAD, | | | 05482 | | H(b) Are a | | | | |
| λ, | | | | X 501(c)(3) 501(c | | (insert no.) | 4947(a)(1) | or 52 | | • | | see instructions) | |
| 100 | | | | BURNEFARMS . OF | | sociation 0 | ther ► | l. Vos | | up exemp | | e of legal domicile: VI | |
| Č | K | | rganization: L Summary | X Corporation Tru | ist As | sociation0 | ulei | IL Yea | r or jormation | 1. 1 <i>3 1 2</i> | I IVI SIAI | e of legal doffliche. V 1 | |
| ≥ | | | | | | | TNCD | TDINC | AND C | TTT. TT | 7 A TT N | IC | |
| CANNED | e e | | | oe the organization's miss IG FOR A SUSTA | | | | TKING | AND C | ОПІТУ | AIII | <u> </u> | |
| | Governance | | heck this bo | | | ntinued its operat | | sed of mo | re than 25% | of its ne | t assets | | |
| _ | veri | _ | | ting members of the gove | | | ions or dispo | 360 01 1110 | ie triari 2570 | | 3 | 16 | |
| Ţ | | ! | | dependent voting member | - | | t VI. line 1h) | | | | 4 | 15 | |
|) | ಶ | | | of individuals employed in | | | | | | | 5 | 143 | |
| ယ | Activities | | | of volunteers (estimate if | | - Car 2010 (1 art 1) | 24, | | | | 6 | 193 | |
| ~ | ςį | 1 | | d business revenue from | • • | lumn (C), line 12 | | | | - | 7a | 0. | |
| 20219 | ď | | | business taxable income | | | | | | | 7b | 0. | |
| 9 | | | | | | | | | Prior ' | Year | | Current Year | |
| 0 | đ) | 8 C | ontributions | and grants (Part VIII, line | 1h) | | | | 11,47 | 1,758 | 3. 1 | 10,444,280 | |
| 0 | Revenue | 9 P | rogram serv | ice revenue (Part VIII, line | 2g) | | | | 97 | 6,633 | 3. | 1,100,411. | |
| Ø | ě | l | | come (Part VIII, column (A | | , and 7d) | | | | 7,992 | | 543,561 | |
| 0 | Œ | 11 0 | ther revenue | e (Part VIII, column (A), line | es 5, 6d, 8c | , 9c, 10c, and 11e | e) | | | <u>6,323</u> | | -4,499 | |
| 5 | | 12 T | otal revenue | · add lines 8 through 11 (| (must equal | Part VIII, column | (A), line 12) | | 12,79 | | | <u>12,083,753</u> | |
| J | | 13 G | irants and si | milar amounts paid (Part I | IX, column (| A), lines 1·3) | | <u> </u> | | _ |). | 0. | |
| | | 14 B | enefits paid | to or for members (Part I) | K, column (A | N), line 4) | | <u> </u> | | |). | 0. | |
| | es | 1 | | er compensation, employe | | |), lines 5·10) | <u> </u> | | 4,530 | | 3,698,037 | |
| | Expenses | 1 | | fundraising fees (Part IX, c | | | 004.0 | . L | 21 | 0,720 |) • | 189,683 | |
| | ă | 1 | | sing expenses (Part IX, col | | | 924,0 | 19. - | 2 50 | 2 410 | _ | 2 400 067 | |
| | _ | 1 | | ses (Part IX, column (A), lin | | | | - | | $\frac{2,412}{7,662}$ | | 2,408,867 | |
| | | 1 | · • | es Add lines 13-17 (must | - | | 25) | <u> </u> | | $\frac{7,662}{2,398}$ | | 6,296,587, 5,787,166 | |
| ٠. | <u></u> | 19 H | levenue less | expenses. Subtract line 1 | 18 from line | 12 | | | eginning of | | | | |
| ٠. | Assets or Balances | 00 T | atal assats (| Part X, line 16) | | | | <u> </u> | 43,48 | | | End of Year 49,521,390 | |
| | Asse | 20 T | | s (Part X, line 26) | | | | | | 4,412 | | 3,064,120 | |
| _ | Net | i . | | fund balances Subtract | line 21 from | line 20 | | - | 40,75 | | | 46,457,270 | |
| • | Pa | | Signatur | : : | 1110 21 11011 | 1110 20 | | | 10,770 | 3 / 0 3 . | <u> </u> | 20/20./2.0 | |
| | _ | | | I declare that I have examine | d this return. | including accompa | nvina schedule | es and state | ments, and to | the best o | f my kno | wledge and belief, it is | |
| | | | | e Declaration of preparer (oth | | | | | | | | | |
| | | | A | les Well) | | | · · · · · · · · · · · · · · · · · · · | | | 7/10 | 120 | | |
| | Sig | n | Signatur | e of officer | | | | | [| Date ! | F | | |
| | Her | e | ALEC | WEBB, PRESI | DENT | | | | | | | | |
| | | | Type or | print name and title | | | | | | | | | |
| | | Ţī | Print/Type pre | eparer's name | | Preparer's signatu | re | | Date | Check | | PTIN | |
| | Paid | ı Œ | ERIN J. | PACKIE, CPA | | EMai | | | 7/9/202 | | | P01442458_ | |
| | - | | | | ENNETT | & KROGH- | -WISNER | , PC | | ırm's EIN | 03- | -0340114 | |
| | Use | Only | Fırm's addres | s P.O. BOX 9: | 37 | | | | | | | | |

X Yes No

Phone no (802)229-9193

May the IRS discuss this return with the preparer shown above? (see instructions)

MONTPELIER, VT 05601-0937

| orm | 990 (2019) SHELBURNE FARMS 03-0229347 Page 2 |
|-----------|---|
| Par | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission |
| | THE MISSION OF SHELBURNE FARMS IS TO INSPIRE AND CULTIVATE LEARNING |
| | FOR A SUSTAINABLE FUTURE. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-FZ? Yes X No |
| | P. 10. 1 C. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 |
| _ | If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? LYes LX No If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses |
| 4 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported |
| 4a | (Code) (Expenses \$ 4,887,970 · including grants of \$) (Revenue \$) (Revenue \$) |
| | SHELBURNE FARMS IS AN EDUCATIONAL ORGANIZATION WHOSE MISSION IS TO |
| | INSPIRE AND CULTIVATE LEARNING FOR A SUSTAINABLE FUTURE. LOCATED ON |
| | ABENAKI LAND ALONG THE SHORES OF LAKE CHAMPLAIN, THE FARM'S CAMPUS IS A |
| | 1,400 ACRE WORKING FARM, FOREST, AND NATIONAL HISTORIC LANDMARK. |
| | |
| | THROUGH A DIVERSE PORTFOLIO OF PROGRAMS AND ACTIVITIES, SHELBURNE |
| | FARMS: |
| | - ENGAGES YOUTH AND PEOPLE OF ALL AGES IN LEARNING EXPERIENCES THAT |
| | INSPIRE THEM TO BUILD DIVERSE, RESILIENT, CARING COMMUNITIES; |
| | - PRACTICES STEWARDSHIP AND EMBODIES VALUES OF PLACE AND COMMUNITY |
| | THROUGH CARING FOR AND SHARING OUR NATURAL, AGRICULTURAL, CULTURAL, AND |
| | HUMAN RESOURCES; AND (CONTINUED ON SCHEDULE O) |
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
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| 4c | (Code) (Expenses \$ |
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| | |
| 4d | |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| <u>4e</u> | Total program service expenses ► 4,887,970. |

Form 990 (2019) SHELBURNE FARMS
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|------|--------------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors9 | 2_ | <u> </u> | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | _X_ | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III | 5 | | <u> X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7_ | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8_ | <u>X</u> | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9_ | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | v | |
| | Part VI | 11a_ | _X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11c | | x |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 116 | | Α. |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | | | | |
| ' | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 19a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| _ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | X | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | ,, | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 17 |
| | complete Schedule G, Part III | 19 | <u> </u> | X |
| 20a | | 20a | | X_ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | - |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | L | X |

| | | | Yes | No |
|-------|---|------|----------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | _X_ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No," go to line 25a | 24a | _ | <u>X</u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05- | | х |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a_ | | |
| Ь | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 25b | | х |
| 00 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | |
| 26 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | 1 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions) | | | ĺ |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | x |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | - | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | Х | |
| 25- | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | |
| b | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | x | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| • | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | <u> </u> |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | 1 | لل |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 84 | 7 | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | 4 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | <u>X</u> | (0045) |
| 93200 | 4 01-20-20 | rorm | ココリ | (2019) |

Page 5 SHELBURNE FARMS Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 143 filed for the calendar year ending with or within the year covered by this return 2b X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations, Enter. 10 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 1<u>1a</u> a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14h Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes." see instructions and file Form 4720. Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

Х

If "Yes," complete Form 4720, Schedule O

SHELBURNE FARMS 03-0229347 Page 6

lanagement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Form 990 (2019)
Part VI Governance

| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C | | | | | | | | |
|--|---|-----------|----------------------|------------|----------|-----------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | |
| Sec | tion A. Governing Body and Management | | | | - | | | | |
| | | 1 | 1 40 | | Yes | No | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | 16 | 1 | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | 4- | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 15 | 4 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | p with | any other | _ | | | | | |
| | officer, director, trustee, or key employee? | | | _2_ | <u>X</u> | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e dire | ct supervision | 3 | | х | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | | X | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | ppoint | one or | | | ٠,, | | | |
| | more members of the governing body? | | | 7a | | <u> X</u> | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | stockh | olaers, or | . | | v | | | |
| | persons other than the governing body? | h | o fallour | 7b | | <u> X</u> | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye | ar Dy ti | ie ioliowing: | 0- | х | | | | |
| | The governing body? | | | 8a | X | <u> </u> | | | |
| | Each committee with authority to act on behalf of the governing body? | | at tha | 8b | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | iched | at trie | 9 | | х | | | |
| 500 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R | evenu | e Code) | 1 3 | | | | | |
| 360 | tion B. Foncies (This Section B requests information about policies not required by the internal re | CVCIIU | | | Yes | No | | | |
| 10- | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such c | hapte | s. affiliates. | 100 | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | |
| 11a | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | | | | |
| ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | e to coi | ıflıcts? | 12b | X | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | es," a | escnbe | | | | | | |
| | in Schedule O how this was done | | | 12c | <u>X</u> | | | | |
| 13 | Did the organization have a written whistleblower policy? | | • | 13 | _X | <u> </u> | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | | ndependent | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? |) | | 1 | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | X | 1 | | | |
| þ | Other officers or key employees of the organization | | | 15b | X | ļ | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment | with a | 1 | | ,, | | | |
| | taxable entity during the year? | | | 16a | ļ | Х | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | | | | |
| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | |
| Sac | exempt status with respect to such arrangements? | | | <u>16b</u> | l | L | | | |
| 3 0 0 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | nd 99 | 0-T (Section 501(c)(| 3)s only |) avai | lable | | | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | | | | | | |
| | Own website Another's website X Upon request Other (explain | on S | chedule O) | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c | | • | nd finai | ncial | | | | |
| | statements available to the public during the tax year. | | . • | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | ooks a | nd records 🕨 | | | | | | |
| | JESS PERRAULT, CHIEF FINANCIAL OFFICER - 802-985-0 | | | | | | | | |
| | 1611 HARBOR ROAD SHELBURNE VT 05482 | | | | | | | | |

| 0.7 | | 22 | 93/ | 17 | _ | 7 |
|------|---------|----|-------|-----|------|---|
| (1 - | (- () | " | 4 4 2 | L / | Page | , |

| Form | agn | (2019) | |
|------|-----|--------|--|
| | 330 | 120131 | |

SHELBURNE FARMS

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and title | (B) Average hours per week | (do | (C) Position (do not check more box, unless person officer and a director | | tion | than | one h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------------|--|--------------------------------|---|---------|--------------|------------------------------|-------------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099 MISC) | compensation from the organization and related organizations |
| (1) SHARMY ALTSHULER | 1.00 | | | | | | | | • | • |
| BOARD OF DIRECTORS | 1 | Х | | | | | | 0. | 0. | 0. |
| (2) BOB BAIRD | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | 1 00 | X | | | | <u> </u> | | 0. | 0. | 0. |
| (3) FRED BAY | 1.00 | | | | | | | | 0. | _ |
| BOARD OF DIRECTORS | 1 00 | Х | | | | | | 0. | | 0. |
| (4) BINTA COLLEY | 1.00 | ٠, | | | | | | 0. | 0. | 0. |
| BOARD OF DIRECTORS | 1.00 | X | | | <u> </u> | | \vdash | U.• | | |
| (5) BEN FREEMAN | 1.00 | х | | | | | | 0. | 0. | 0. |
| BOARD OF DIRECTORS | 1.00 | Λ | | | - | | \vdash | | | <u> </u> |
| (6) STEVE JOHNSON | 1.00 | X | | | | | | 0. | o.' | 0. |
| BOARD OF DIRECTORS | 1.00 | ^ | - | | | | | 0. | | • |
| (7) ANDREW MEYER | 1.00 | X | | | | | | 0. | 0. | 0. |
| BOARD OF DIRECTORS | 1.00 | ^ | - | - | | | | - 0. | | |
| (8) CASEY MURROW | 1.00 | X | | | ļ | | | 0. | 0. | 0. |
| BOARD OF DIRECTORS (9) LANDON STORRS | 1.00 | 1 | | | | | | | | |
| BOARD OF DIRECTORS | 1.00 | x | | | ł | | | 0. | 0. | 0. |
| (10) ERNIE POMERLEAU | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | 1.00 | x | Ì | | | | | 0. | 0. | 0. |
| (11) KATE WILLIAMS | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | | X | | | | | | 0. | o. | 0. |
| (12) NAN JENKS-JAY | 6.00 | | | | | | | | | |
| BOARD OF DIRECTORS - CHAIR | | X | | Х | | | l | 0. | 0. | 0. |
| (13) WILL JACKSON | 2.00 | | | | | | | | | |
| BOARD OF DIRECTORS - SECRETARY | | X | | X | | | | 0. | 0. | 0. |
| (14) DAVID MARVIN | 4.00 | | | | | | | | | |
| BOARD OF DIRECTORS - TREASURER | | X | | X | | | <u> </u> | 0. | 0. | 0. |
| (15) LISA STEELE | 4.00 | ļ | | | | ł | | | | |
| BOARD OF DIRECTORS - VICE CHAIR | | X | _ | X | <u>L</u> | | <u> </u> | 0. | 0. | 0. |
| (16) ALEC WEBB | 45.00 |] | | | |] | | | | |
| PRESIDENT | | X | | X | | <u> </u> | <u> </u> | <u>138,372.</u> | 0. | 9,708. |
| (17) TOM NOLD | 45.00 | | | | | | | | _ | |
| CFO/ASSISTANT TREASURER - FORMER | 1 | <u> </u> | | X | | <u> </u> | | 56,713. | 0. | 1,146. |

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hı | ghe | st (| Compensated Employe | es (continued) | | | |
|---|--------------------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|----------|--------------------------|-------------------------------|----------|------------|--------------------|
| (A) | (B) | (C) (D) (E) | | | | | | | | (1 | =) | |
| Name and title | Average | ,,, | | Pos | | | | Reportable | Reportable | , | Estin | nated |
| | hours per | box | , unle | ss pe | rson | ıs bot | h an | compensation | compensation | n l | amo | unt of |
| | week | | cer ar | nd a d | recto | oritrus | itee) | 110111 | from related | | | ner |
| | (list any hours for | Irect | | | | _ | | the organization | organization (W-2/1099-MIS | | | nsation the |
| | related | 90.0 | ig E | | | Sate | | (W-2/1099-MISC) | (44-27 1033-10110 | , , | | zation |
| | organizations | truste | as tru | | yee | ed m | | (, | | | • | elated |
| | below | Individual trustee or director | Institutional trustee |) Se | Key employee | Highest compensated employee | Former | | | | organi | zations |
| | line) | 亨 | ts: | Officer | Xey. | 五点 | ᄚ | | · | | | _ |
| (18) JESSICA PERRAULT | 45.00 | ļ | | | | | | 50.040 | | | _ | 501 |
| CFO/ASSISTANT TREASURER | 40 00 | | | X | | - | L | 72,849. | | 0. | 5 | <u>,521.</u> |
| (19) CLARA NOLD | 40.00 | - | | ,, | | | | 62 215 | | | 1 1 | C 0 4 |
| ASSISTANT SECRETARY | 45 00 | | - | Х | | | _ | 63,215. | | 0. | 14 | <u>,604.</u> |
| (20) MEGAN CAMP | 45.00 | | | | | ,, | | 102 470 | | _ | 11 | 072 |
| VICE PRESIDENT & PROGRAM DIRECTOR | 45 00 | _ | | _ | <u> </u> | Х | - | 103,470. | - | 0. | | <u>,972.</u> |
| (21) ROBIN TURNAU | 45.00 | ł | | | | 7.7 | | 110 000 | | ا م | 2 | 005 |
| CHIEF ADVANCEMENT OFFICER | | _ | | _ | | Х | | 112,000. | | 0. | | <u>.005.</u> |
| | | | | | | | | | | | | |
| | | \vdash | - | | | | | | | \dashv | | |
| | | ł | ļ | | | | | 1 | | | | |
| | | | | | | | - | | | | | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | <u> </u> | | | | | 25.5 |
| 1b Subtotal | | | | | | | | 546,619. | | 0. | 44 | <u>,956.</u> |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | 4.4 | <u>0.</u> ,956. |
| d Total (add lines 1b and 1c) | - 4 1,000,400,41 4 5 4 1 | | 1 | | | | | 546,619. | 000 of reported | | 44 | , 950. |
| 2 Total number of individuals (including but n compensation from the organization | ot iimitea to th | iose | IISTE | eo ac | OOVE | e) wr | 10 r | eceived more than \$100 | ,000 of reportab | ie | | 3 |
| compensation from the organization | | | | | | | | | | | Y | es No |
| 3 Did the organization list any former officer, | director, truste | ee. k | ev e | lame | love | e. or | hic | nhest compensated emp | lovee on | [| <u> </u> | |
| line 1a? If "Yes," complete Schedule J for s | | | , | ٠ حم | ,- | -, | | g | , | | 3 | x |
| 4 For any individual listed on line 1a, is the su | | le co | amo | ensa | ation | and | d ot | ther compensation from | the organization | İ | | |
| and related organizations greater than \$150 | • | | | | | | | • | 3 | | 4 | x |
| 5 Did any person listed on line 1a receive or a | | | - | | | | | | dual for services | ,] | | |
| rendered to the organization? If "Yes," com | - | | | | | | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated inc | depe | ende | ent c | ontr | acto | ors | that received more than | \$100,000 of con | npens | ation froi | n |
| the organization. Report compensation for | the calendar y | ear | endı | ng w | vith | or w | ıthı | n the organization's tax | /ear | | | _ |
| (A) | | | | | | | | (B) | | | (C) | _ |
| Name and business | | | | | | | | Description of s | ervices | | ompens | ation |
| BIRDSEYE BUILDING COMPANY | | | - / | ٠ - <i>ا</i> | | , | | COMP A CEOP | | | 1.04 | 220 |
| 3104 HUNTINGTON ROAD, RIC | HMOND, | ۷٠. | Γ. (| J 5 4 | <u> </u> | <u>/</u> | | CONTRACTOR | | | 164 | <u>,330.</u> |
| GADE MCARDLE | nost sum | Λ. | - 40 |) E | | | | CAMBATON MAN | ACEMENIA | | 160 | 000 |
| 322 MICHAEL LANE, WILLIST | CON, VT | U: | 043 | 70 | | | | CAMPAIGN MAN | AGEMENT | | 100 | <u>,000.</u> |
| PORTER & ASSOCIATES | 37m 0 = 47 | 10 | | | | | | | | | 126 | 10E |
| PO BOX 3002, BURLINGTON, | VI U540 | 70 | | | | | | CONTRACTOR | | | 140 | ,195. |
| | | | | | | | | | | | | |
| | · · · | | | | | | | | | - | | |
| | <u> </u> | | | | | | | | | | | |
| 2 Total number of independent contractors (ii | ncluding but n | ot lii | mite | d to | tho | se lis | ste | d above) who received m | ore than | | | |

\$100,000 of compensation from the organization

SHELBURNE FARMS

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ta Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e 273,916 f All other contributions, gifts, grants, and similar amounts not included above 1f 10,170,364 g Noncash contributions included in lines 1a-1f 1g |\$ 467,816 Total. Add lines 1a-1f 444 280 **Business Code** Program Service Revenue 2 a EDUCATIONAL TOURS 611710 324,190 324,190 289,208 **b** FACILITIES PROGRAMS 713990 289,208 611600 243,016 243,016 PUBLIC AND SCHOOL PROGRAMS 175,239 175,239 d AGRICULTURAL ACTIVITIES 110000 68.758 68.758 f All other program service revenue 713990 g Total. Add lines 2a-2f 100 411 Investment income (including dividends, interest, and 858 249, other similar amounts) 858,249 Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents 6a 407 634 **b** Less rental expenses 6b 407,634 6с c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 3,389,395 b Less cost or other basis and sales expenses 7b 3,701,718 2,365 7c 2.365 c Gain or (loss) -312,323 d Net gain or (loss) -314,688 -314,688 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 8a 27,675 b Less: direct expenses 32,174 -4,499, c Net income or (loss) from fundraising events -4.499 9 a Gross income from gaming activities See Part IV, line 19 9a 9ь **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscelfaneous Revenue b d All other revenue Total. Add lines 11a-11d Total revenue See instructions 12,083,753 785 723 853 750 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) \mathbf{x} Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Do not include amounts reported on lines 6b. Management and Program service Total expenses expenses 7b. 8b. 9b. and 10b of Part VIII. expenses generăl expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 304,269. 114,568 142,601. 47,100. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 414,365. 2,320,196 75,648 2,810,209. Other salaries and wages Pension plan accruals and contributions (include 3,095 6,771. 43,541 33,675. section 401(k) and 403(b) employer contributions) 188,700. 22,907. 66,073. 277,680. Other employee benefits 40,798. 262,338. 18,650. 202,890. Payroll taxes Fees for services (nonemployees) Management Legal h Accounting С d Lobbying 189,683 189,683. Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 41,599 21,730. 569,867 633,196 column (A) amount, list line 11g expenses on Sch O.) 85,848 81,584. 780. 3.484. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 17,574. 5,111. 248,050 225,365 16 Occupancy 21,176. 345,565 324,389 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 77,019. 88,392 5,118. 6,255. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 56,781. 2,472. 504,539 445,286. Depreciation, depletion, and amortization 2,121. 1,946. 146,424 142,357. 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,970. 428,170. 422,510. 2,690 a REPAIRS AND MAINTENANCE 9,293. 17,114. b MATERIALS AND SUPPLIES 347,740. 321,333. 134,110. 43,299 84,604. 6,207. c MISCELLANEOUS TRANSFER TO SFI INVENTO -553,167. -553,167. e All other expenses 6,296,587. 4.887.970. 484,598. 924,019. Total functional expenses. Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| Par | rt X | Balance Sheet | | | | | |
|-----------------------------|------------|---|---------------|--------------------|--------------------------|---------|------------------------|
| | | Check if Schedule O contains a response or note | te to any lin | e in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 169,147. | | 207,468. |
| | 2 | Savings and temporary cash investments | | | 4,523,092. | 2 | 5,143,703. |
| | 3 | Pledges and grants receivable, net | | | 5,199,455. | 3 | 6,447,400. |
| | 4 | Accounts receivable, net | | | 171,429. | 4 | <u> 175,359.</u> |
| | 5 | Loans and other receivables from any current or | r former offi | cer, director, | | | |
| | | trustee, key employee, creator or founder, substa | tantial conti | ributor, or 35% | | | |
| | | controlled entity or family member of any of these | se persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualifi | fied person | s (as defined | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| ध | 7 | Notes and loans receivable, net | | - | 7 | | |
| Assets | 8 | Inventories for sale or use | | | 151,111. | 8 | <u>134,529</u> . |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 8,905. | 9 | <u> </u> |
| | 10a | Land, buildings, and equipment cost or other | | | | | |
| | | basis Complete Part VI of Schedule D | | <u>37,909,599.</u> | | | |
| | b | Less accumulated depreciation | 10b | 14,714,665. | <u>22,433,859.</u> | | <u>23,194,934.</u> |
| | 11 | Investments - publicly traded securities | | _ | 6,198,985. | | 8,652,387. |
| | 12 | Investments - other securities See Part IV, line 1 | 11 | <u> </u> | 1,243,424. | 12 | 1,302,314. |
| | 13 | Investments - program-related See Part IV, line 1 | 11 | - | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | | _ | 3,380,638. | 15 | 4,240,594. |
| | <u> 16</u> | Total assets. Add lines 1 through 15 (must equa | al line 33) | | 43,480,045. | 16_ | 49,521,390. |
| | 17 | Accounts payable and accrued expenses | | Ļ | 694,573. | 17 | 802,280. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | } | 24,128. | 19 | 11,391. | |
| | 20 | Tax-exempt bond liabilities | | - | _ | 20 | |
| | 21 | Escrow or custodial account liability Complete P | | Г | | 21 | |
| ies | 22 | Loans and other payables to any current or form | | ſ | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | | ributor, or 35% | | | |
| ia | | controlled entity or family member of any of these | | - | 4 505 544 | 22 | 0.050.440 |
| _ | 23 | Secured mortgages and notes payable to unrelate | | | 1,505,711. | 23 | 2,250,449. |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | - | | | | |
| | | parties, and other liabilities not included on lines | 17-24) Co | mplete Part X | E00 000 | | 0 |
| | | of Schedule D | | _ | 500,000. | r | 0. |
| | 26_ | Total liabilities. Add lines 17 through 25 | | v | 2,724,412. | 26 | 3,064,120. |
| S | | Organizations that follow FASB ASC 958, chec | ck here | · 🔼 | | | |
| Š | 07 | and complete lines 27, 28, 32, and 33. | | | 36,000,471. | 07 | 37,096,314. |
| 3ala | 27 | Net assets without donor restrictions | | - | 4,755,162. | | 9,360,956. |
| <u>و</u> | 28 | Net assets with donor restrictions | 4,755,162. | 28 | 3,300,330. | | |
| Ē | | Organizations that do not follow FASB ASC 95 | эв, спеск і | nere 🚩 📖 | | | |
| ō | 20 | and complete lines 29 through 33. | | | | 20 | |
| ets | 29 30 | Capital stock or trust principal, or current funds | uunment f | nd - | | 29 | |
| Ass | 30 31 | Paid-in or capital surplus, or land, building, or equin Retained earnings, endowment, accumulated inc | | | | 30 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | come, or ot | ner iunus | 40,755,633. | 32 | 46,457,270. |
| z | 32 33 | Total liabilities and net assets/fund balances | | - | 43,480,045. | 33 | 49,521,390. |
| | | Total madmitted and their assets/juliu balances | | | 43,400,043. | 33 | Form 990 (2019) |

| Forn | 1 990 (2019) SHELBURNE FARMS | 03- | 02293 | 47 | Pag | _{je} 12 |
|------------------|---|------------------|----------|--------------------------|-------------------|-------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| ` | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 2 3 4 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 1 2 3 4 | 6, 5, | 083 296 787 755 | 5,5 7,1 5,6 | 87. 66. 33. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 386 | , 4 | <u>71.</u> |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | 472 | 2,0 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | _9 | | | | <u>0.</u> |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 46, | 457 | , 2 | 70. |
| Pa | rt XII Financial Statements and Reporting | | | | - | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| 1 2a | Accounting method used to prepare the Form 990 | | [| 2a | Yes | No X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | basis, | | 2b | х | |
| C | review, or compilation of its financial statements and selection of an independent accountant? | auuit, | | 2c | x | |
| За | If the organization changed either its oversight process or selection process during the tax year, explain on Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133? | | | 3a | 21 | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | ed aud | ıt | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |
| | | | | orm § | 990 (| 2019) |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 03-0229347 SHELBURNE FARMS

| Pa | ırt I | Reason for Public (| Charity Status (/ | All organizations must co | mplete th | is part) Se | e instructions | |
|-----|--------------|--------------------------------|--------------------------|--|------------------------------------|-----------------------------------|----------------------------------|--|
| The | organ | ization is not a private found | ation because it is (| For lines 1 through 12, c | heck only | one box) | | |
| 1 | | A church, convention of chi | urches, or associatio | on of churches described | ın sectio | n 170(b)(1 | I)(A)(i). | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Form | 1 990 or 99 | 90-EZ)) | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ction 170 | (b)(1)(A)(ii | iı). | |
| 4 | | A medical research organiza | ation operated in coi | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, |
| | | city, and state | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | or operat | ted by a ge | overnmental unit describ | ped in |
| | | section 170(b)(1)(A)(ıv). (C | omplete Part II) | | | | | |
| 6 | | A federal, state, or local gov | vernment or governn | nental unit described in s | section 17 | '0(b)(1)(A) | (v). | |
| 7 | | An organization that normal | lly receives a substa | ntial part of its support f | rom a gov | ernmental | unit or from the general | public described in |
| | | section 170(b)(1)(A)(vi). (Co | omplete Part II) | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Part | : 11) | | | |
| 9 | | An agricultural research org | janization described | in section 170(b)(1)(A)(| x) operate | ed in conju | inction with a land-grant | college |
| | | or university or a non-land-g | rant college of agric | ulture (see instructions) | Enter the | name, city | , and state of the colleg | e or |
| | | university | | | | | | |
| 10 | \mathbf{x} | An organization that normal | lly receives (1) more | than 33 1/3% of its sup | port from | contribution | ons, membership fees, a | and gross receipts from |
| | | activities related to its exem | npt functions - subjec | ct to certain exceptions, | and (2) no | more tha | n 33 1/3% of its suppor | t from gross investment |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) from | om busine | sses acqu | ired by the organization | after June 30, 1975 |
| | | See section 509(a)(2). (Cor | mplete Part III) | | | | | |
| 11 | | An organization organized a | and operated exclus | ively to test for public sa | fety See | section 50 |)9(a)(4). | |
| 12 | | An organization organized a | and operated exclus | ively for the benefit of, to | perform t | the functio | ons of, or to carry out the | purposes of one or |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section : | 509(a)(2) | See section 509(a)(3) . (| Check the box in |
| | | lines 12a through 12d that | describes the type o | of supporting organizatio | n and com | nplete lines | s 12e, 12f, and 12g | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its sup | ported org | ganization(s), typically by | giving |
| | | the supported organization | on(s) the power to re | gularly appoint or elect a | majority o | of the dire | ctors or trustees of the s | supporting |
| | | organization You must o | omplete Part IV, Se | ections A and B. | | | | |
| b | | Type II. A supporting orga | anization supervised | or controlled in connec | tion with it | s support | ed organization(s), by ha | iving |
| | | control or management o | f the supporting orga | anization vested in the s | ame perso | ons that co | ontrol or manage the sup | ported |
| | | organization(s) You mus | t complete Part IV, | Sections A and C. | | | | |
| c | . [| Type III functionally inte | grated. A supporting | g organization operated | ın connec | tion with, a | and functionally integrat | ed with, |
| | | its supported organization | n(s) (see instructions | s) You must complete i | Part IV, Se | ections A, | D, and E. | |
| c | ı | Type III non-functionally | y integrated. A supp | orting organization oper | ated in co | nnection v | with its supported organ | ization(s) |
| | | that is not functionally int | egrated The organiz | zation generally must sat | isfy a dist | ribution re | quirement and an attent | iveness |
| | | requirement (see instruct | ions) You must con | nplete Part IV, Sections | A and D, | and Part | V. | |
| e | , \square | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | a Type I, Type II, Type III | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ng organi | zation | | |
| f | Ente | er the number of supported o | organizations | | | | | |
| | | vide the following information | | | (| -iliaa liatad | <u> </u> | 1 11 22 22 22 22 22 22 22 22 22 22 22 22 |
| | (| (i) Name of supported | (ii) EIN | (III) Type of organization (described on lines 1 10 | (IV) IS the orga in your govern | inization listed ing document? | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | | | |
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| | | | | | | <u> </u> | | |
| Tot | al | | 1 | i | l | 1 | ľ | I |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec | tion A. Public Support | | | | | | |
|------|---|--------------------|----------------------|-------------------------|--|--|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | <u> </u> | ` | 1 |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | • | | | , | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | , | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | , | | | |
| | by each person (other than a | | | | 1 | | |
| | governmental unit or publicly | | | | 1 | | |
| | supported organization) included | | | | | • | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| _ | column (f) | | | | | | _ |
| | Public support. Subtract line 5 from line 4 | | | <u>l</u> | <u>. </u> | <u>. </u> | |
| - | | /-\ 201E | (h) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (6) 2017 | (u) 2010 | (e) 2013 | (i) iotai |
| - | Gross income from interest. | | | | | | |
| 8 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | İ | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| J | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) | | | | <u></u> | _ | |
| 11 | Total support. Add lines 7 through 10 | [| | | | | |
| 12 | Gross receipts from related activities, | etc (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization' | s first, second, thi | ird, fourth, or fifth t | ax year as a section | on 501(c)(3) | |
| | organization, check this box and stop | here | | | | | <u> </u> |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2019 (I | • • | • | column (f)) | | 14 | <u>%</u> |
| | Public support percentage from 2018 | | | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2019. If the c | | | | 14 is 33 1/3% or i | more, check this b | ox and |
| | stop here. The organization qualifies | | - | | 45 00 4/00 | | ▶□ |
| b | 33 1/3% support test - 2018. If the c | | | | d line 15 is 33 1/39 | % or more, check t | nis box |
| | and stop here. The organization qual | · · · · · · | | | - 40 40 40- | | P |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | art vi now the orga | nization |
| | meets the "facts-and-circumstances" | - | · · | | = | 170 and less 15 :- | 10% or |
| t | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | | | | | ▶ □ |
| 40 | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | DUX OF THE 13, 10 | oa, 100, 17a, 01 1/ | D, CHECK THIS DOX | ariu see mstructior | |

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

| | qualify under the tests listed by | elow, please comp | lete Part II) | | | | |
|------|--|----------------------|---------------------|------------------------|----------------------|---------------------|--------------|
| | tion A. Public Support | | | | _ | | |
| | ndar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | 3428100. | 4899221. | 5585005. | <u> 11248574.</u> | 10170364. | 35331264. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 944,648. | 832,206. | 1228701. | 1224580. | 1338933. | 5569068. |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | i | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 4372748. | 5731427. | 6813706. | 12473154. | 11509297. | 40900332. |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | 2016966. | 754,834. | 763,101. | 6632066. | 1550918. | 11717885. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 119,080. | 344,549. | 535,276. | 63,258. | | 1062163. |
| c | Add lines 7a and 7b | 2136046. | 1099383. | 1298377. | 6695324. | 1550918. | 12780048. |
| _ | Public support. (Subtract line 7c from line 6) | | | | | | 28120284. |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | 4372748. | 5731427. | 6813706. | 12473154. | 11509297. | 40900332. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 456,847. | 414,528. | 489,817. | 534,787. | 1265883. | 3161862. |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 456,847. | 414,528. | 489,817. | 534,787. | 1265883. | 3161862. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | 4829595. | 6145955. | 7303523. | 13007941. | 12775180. | 44062194. |
| 14 | First five years. If the Form 990 is for | r the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a section | on 501(c)(3) organı | zation, |
| | check this box and stop here | - | | | | | ▶□_ |
| Sec | tion C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2019 (I | | | column (fl) | | 15 | 63.82 % |
| | Public support percentage from 2018 | | | | | 16 | 57.57 % |
| | tion D. Computation of Inves | | | | | 1.10 | |
| | | | | ne 13 column (fi) | | 17 | 7.18 % |
| | Investment income percentage for 20 | | | ne 10, column (I)) | | 18 | 6.93 % |
| | Investment income percentage from 2 | | | an line 14 and line | 15 in mare than 1 | | |
| 198 | 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box a | | | | | | ►X |
| b | 33 1/3% support tests - 2018. If the | - | - | | | | and |
| | line 18 is not more than 33 1/3%, che | _ | | | | | . — |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check th | nis box and see in | structions | ightharpoons |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| | Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.) | | | |
|------------|--|------------|--------------|----------|
| Sec | tion A. All Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| _ | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2) | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| - | (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| _ | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| Ŭ | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3c | | |
| 4 a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| _ | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations | 4b | i | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| • | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, | | | |
| | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document) | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | } |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class | | | |
| | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also | | | |
| | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in | | | |
| | Part VI. | 6 | | <u> </u> |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | | | |
| | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 | | | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | <u></u> | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | <u> </u> | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | İ | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | <u>9</u> c | + | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 10b below | <u>10a</u> | - | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | 1 | 1 |

determine whether the organization had excess business holdings)

| | • | | | |
|------|--|-----------------------|-------|----------|
| Sche | edule A (Form 990 or 990 EZ) 2019 SHELBURNE FARMS | 03-022934 | .7 Pa | age 5 |
| | rt IV Supporting Organizations (continued) | | | |
| | | - | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 1 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| a | below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | L |
| 000 | tion b. Type reapporting organizations | | Yeş | No |
| 4 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 1.00 | 110 |
| 1 | | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | _ | | |
| | supervised, or controlled the supporting organization. | 2 | | l |
| Sec | tion C. Type II Supporting Organizations | | 1 | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | 1 |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | J | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta | × | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | ļ | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | ļ | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | 1 | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard | 3 | | <u> </u> |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in | structions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government en | tity (see instruction | s) | |
| 2 | Activities Test. Answer (a) and (b) below | | Yes | No |

| 2 | Activities Test Answer (a) and (b) below. | Yes | No |
|---|---|-----|----------|
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | j | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | |
| | that these activities constituted substantially all of its activities | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | ļ |
| | activities but for the organization's involvement | | <u> </u> |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | İ |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | | <u> </u> |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b | | |

| Sche | edule A (Form 990 or 990 EZ) 2019 SHELBURNE FARMS | | (| 03-0229347 Page 6 |
|------|--|--------------|---------------------------|---------------------------------------|
| | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Organ | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin | | | Part VI) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | _ | | |
| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | · · · · · · · · · · · · · · · · · · · |
| | collection of gross income or for management, conservation, or | 1 | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | <u> </u> | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | · | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year) | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | - | | |
| | factors (explain in detail in Part VI) | | <u> </u> | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | <u></u> |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | , |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount, Subtract line 5 from line 4, unless subject to | | | • |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrate | d Type III supporting org | ganization (see |

Schedule A (Form 990 or 990-EZ) 2019

instructions).

| Par | tν | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | inizations (continued) | |
|----------|---------|--|-------------------------------|--|---|
| Secti | on D - | Distributions | | <u> </u> | Current Year |
| 1 | Amou | ints paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Λmou | into paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organ | izations, in excess of income from activity | | | |
| 3 | Admır | nistrative expenses paid to accomplish exempt purpose | es of supported organization | s | |
| | | ints paid to acquire exempt-use assets | | | |
| 5 | Qualif | ried set-aside amounts (prior IRS approval required) | | | |
| 6 | Other | distributions (describe in Part VI) See instructions | | | |
| | | annual distributions. Add lines 1 through 6 | | | |
| | | outions to attentive supported organizations to which the | ne organization is responsive | } | |
| | | de details in Part VI) See instructions | • | | |
| 9 | | outable amount for 2019 from Section C, line 6 | | | |
| | Line 8 | B amount divided by line 9 amount | | | |
| | · | Distribution Allocations (see instructions) | (ı) Excess Distributions | (II) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distrib | outable amount for 2019 from Section C, line 6 | | | |
| 2 | Unde | rdistributions, if any, for years prior to 2019 (reason- | | | |
| | able c | cause required explain in Part VI) See instructions | | | |
| 3 | Exces | ss distributions carryover, if any, to 2019 | | | |
| а | From | 2014 | | | |
| b | From | 2015 | | | |
| С | From | 2016 | | | |
| d | From | 2017 | | | |
| | From | | | | |
| | | of lines 3a through e | | | |
| | | ed to underdistributions of prior years | | | |
| | | ed to 2019 distributable amount | | | |
| | | over from 2014 not applied (see instructions) | | | |
| | | under Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | | outions for 2019 from Section D, | | | |
| • | line 7 | \$ | | | |
| а | - | ed to underdistributions of prior years | | | |
| | | ed to 2019 distributable amount | | | |
| | | under Subtract lines 4a and 4b from 4 | | | |
| | | uning underdistributions for years prior to 2019, if | | | |
| _ | | Subtract lines 3g and 4a from line 2 For result greater | | | |
| | | zero, explain in Part VI. See instructions | | | |
| 6 | | uning underdistributions for 2019 Subtract lines 3h | | | |
| • | | b from line 1 For result greater than zero, explain in | | | |
| | | VI See instructions | | | |
| 7 | | ss distributions carryover to 2020. Add lines 3j | | | |
| • | and 4 | | ' | | |
| 8 | | down of line 7 | | | |
| | | ss from 2015 | , | | - |
| | | ss from 2016 | | | |
| | | ss from 2017 | | | |
| | | ss from 2017 | | | |
| | | | | | |
| <u>e</u> | EXCES | ss from 2019 | <u> </u> | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) |
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Schedule A (Form 990 or 990-EZ) 2019 SHELBURNE FARMS

03-0229347 Page 8

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

| • | Section 5 | 01(c)(4), (5), or (6) o | organizatio | ons Complete Part III. | | | | |
|-----|------------|-------------------------|-------------|------------------------------------|---------------------------|--|-------------|--|
| Nan | ne of orga | nization | | | | | Emplo | yer identification number |
| | | SHE | LBURN | IE FARMS | | | | 03-0229347 |
| Pa | art I-A | Complete if t | he orga | nization is exempt und | der section 501(c) | or is a section 5 | 27 or | ganization. |
| | | | - | | | | | |
| 1 | Provide a | a description of the | organiza | tion's direct and indirect politic | cal campaign activities i | n Part IV | | |
| 2 | Political | campaign activity e | expenditui | res | | | ▶\$ | |
| 3 | Voluntee | r hours for political | campaigi | n activities | | | | |
| | | · | | | | | | |
| Pa | rt I-B | Complete if t | he orga | nization is exempt und | der section 501(c) | (3) | | |
| 1 | Enter the | amount of any exc | cise tax in | curred by the organization un- | der section 4955 | | ▶\$ | |
| 2 | Enter the | amount of any exc | cise tax in | curred by organization manag | ers under section 4955 | • | ▶\$. | |
| 3 | If the org | anization incurred | a section | 4955 tax, did it file Form 4720 | for this year? | | | Yes No |
| 4a | Was a co | orrection made? | | | | | | L Yes L No |
| | | describe in Part IV | | | | | | 1(0) |
| Pa | irt I-C | Complete if the | he orga | nization is exempt und | der section 501(c), | except section | |)(3) |
| 1 | Enter the | amount directly ex | xpended l | by the filing organization for se | ection 527 exempt funct | tion activities | ▶\$ | |
| 2 | Enter the | amount of the filin | ig organiz | ation's funds contributed to of | ther organizations for se | ection 527 | | |
| | exempt f | unction activities | | | | | ▶\$ | |
| 3 | | empt function expe | nditures | Add lines 1 and 2 Enter here a | and on Form 1120-POL | , | | |
| | line 17b | | | | | | ▶\$ | |
| 4 | Did the f | iling organization fil | e Form 1 | 120-POL for this year? | | | | Yes No |
| 5 | | | | oloyer identification number (E | • | | | |
| | | | | on listed, enter the amount pa | | | | |
| | | | | mptly and directly delivered to | | | cparat | e segregated tund or a |
| | political | action committee (F | PAC) If ac | dditional space is needed, pro | vide information in Part | | | - |
| | | (a) Name | | (b) Address | (c) EIN | (d) Amount paid fi | | (e) Amount of political contributions received and |
| | | | | | | filing organization funds if none, ente | | promptly and directly |
| | | | | | 1 | Turido il riolio, cilia | | delivered to a separate |
| | | | | | | | | political organization If none, enter -0- |
| | | | | | | | | ii none, enter o |
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| Schedule C (Form 990 or 990 EZ) 2019 Part II-A Complete if the org | SHELBI janizatio | JRNE F | 'ARMS mpt under sectior | 1 501(c)(3) and file | 03-0 ed Form 5768 (el | 229347 Page 2 ection under |
|--|--|--------------|---|---------------------------------------|--|--------------------------------|
| section 501(h)). | | | | | <u> </u> | |
| A Check > if the filing organiza | ition belong | s to an affi | liated group (and list in | Part IV each affiliated | group member's nam | e, address, EIN, |
| expenses, and sha | re of exces | s lobbying | expenditures) | | | |
| B Check 🕨 🔲 if the filing organiza | tion check | ed box A a | nd "limited control" prov | visions apply | | , |
| | ts on Lobb ditures" m | | nditures unts paid or ıncurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to infl | uence publ | ıc opınıon (| grassroots lobbying) | | | |
| b Total lobbying expenditures to infl | uence a leg | islative bo | dy (direct lobbying) | | | |
| c Total lobbying expenditures (add I | ines 1a and | 1 1b) | | | 0. | |
| d Other exempt purpose expenditur | es | | | ļ | | |
| ę Total exempt purpose expenditure | es (add line | s 1c and 1d | d) | ļ | 0. | |
| f Lobbying nontaxable amount Ent | er the amo | unt from th | e following table in both | columns | 0. | |
| If the amount on line 1e, column (a) | or (b) is: | The lob | bying nontaxable amo | ount is: | | |
| Not over \$500,000 | | 20% of | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,00 | 0,000 | | 00 plus 15% of the exce | | | |
| Over \$1,000,000 but not over \$1,5 | 500,000 | | 00 plus 10% of the exce | | | |
| Over \$1,500,000 but not over \$17 | ,000,000 | \$225,00 | 00 plus 5% of the exces | s over \$1,500,000 | | |
| Over \$17,000,000 | | \$1,000, | 000 | | | |
| | | | | | | |
| g Grassroots nontaxable amount (er | | | | - | 0, | |
| h Subtract line 1g from line 1a If zei | • | | | } | | |
| i Subtract line 1f from line 1c If zero | - | | | | | |
| j If there is an amount other than ze | | r line 1h or | line 1i, did the organiza | tion file Form 4/20 | Г | |
| reporting section 4911 tax for this | • | | | | | Yes No |
| (Some organizations t | hat made a | section 5 | eraging Period Under 9 01(h) election do not h ate instructions for lin | nave to complete all o | of the five columns b | elow. |
| | Lobb | ying Expe | nditures During 4-Yea | r Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2 | 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | 361,540. | | | 361,540. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | 542,310. |
| (15070 of life 2a, column(e)) | | | | · · · · · · · · · · · · · · · · · · · | | 342/3100 |
| c Total lobbying expenditures | | | 21,840. | | | 21,840. |
| d Grassroots nontaxable amount | | | 90,385. | | | 90,385. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | 135,578. |
| | | | | | · · · · · · | - |

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 SHELBURNE FARMS

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

| r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (а |) | (k | <u> </u> |
|---|---------------------------------------|--|------------|----------|
| the lobbying activity | Yes | No | Amo | ount |
| During the year, did the filing organization attempt to influence foreign, national, state, or | - | | - | |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| or referendum, through the use of | | | | |
| a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | 1 | | | |
| Publications, or published or broadcast statements? | | - | | |
| Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | - | | | |
| n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| Other activities? | · · · · · · · · · · · · · · · · · · · | | | |
| j Total Add lines 1c through 1i | | | | |
| Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| of If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| : If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| rt III-A Complete if the organization is exempt under section 501(c)(4), sec | tion 501(c) | (5), or se | ction | |
| 501(c)(6). | | | | |
| | | | Yes | N |
| | | | _ | |
| Wore substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| Wore substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 1 2 | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere | tion 501(c) | 2 3 (5), or se | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from int III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." | tion 501(c) | 2 3 (5), or se | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from it III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | tion 501(c) d "No" OR | 2 3 (5), or seat (b) Part | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | tion 501(c) d "No" OR | 2 3 (5), or seat (b) Part | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). | tion 501(c) d "No" OR | 2 3 (5), or se (b) Part | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). Current year | tion 501(c) d "No" OR | 2 3 (5), or se (b) Part | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). Current year Carryover from last year | tion 501(c) d "No" OR | 2 3 (5), or se 3 (b) Part | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). Current year Carryover from last year | tion 501(c) d "No" OR | 2 3 (5), or se 3 (b) Part | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | tion 501(c) d "No" OR | 2 3 (5), or se 3 (b) Part | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the organization agree in the organization and political campaign activity expenditures from the section 501(c)(4), sec | tion 501(c) d "No" OR itical | 2 3 (5), or se 3 (b) Part | | ne 3, i |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexies for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the eddoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | tion 501(c) d "No" OR itical | 2 3 (5), or se (b) Part | | ne 3, i |
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SHELBURNE FARMS

Employer identification number 03-0229347

| Par | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds o | r Accounts. Complete if the |
|-----|---|---|-------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line | | |
| | <u></u> | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | rriting that the assets held in donor advised | funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | ed only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose co | nferring |
| | impermissible private benefit? | | Yes No |
| Par | t II Conservation Easements. Complete if the organic | anization answered "Yes" on Form 990, Par | t IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply) | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation of a h | nistorically important land area |
| | Protection of natural habitat | Preservation of a c | certified historic structure |
| | Preservation of open space | • | |
| 2 | Complete lines 2a through 2d if the organization held a qualific | ed conservation contribution in the form of | a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | cture included in (a) | 2c |
| | Number of conservation easements included in (c) acquired a | | , |
| _ | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the or | rganization during the tax |
| - | year▶ | | |
| 4 | Number of states where property subject to conservation eas | ement is located > | |
| 5 | Does the organization have a written policy regarding the peri | | |
| | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | | vation easements during the year |
| - | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservatio | n easements during the year |
| • | ▶ \$ | , , | • |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h) | (4)(B)(ı) |
| | and section 170(h)(4)(B)(ii)? | , | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense st | tatement and |
| | balance sheet, and include, if applicable, the text of the footn | | |
| | organization's accounting for conservation easements | | |
| Par | t III Organizations Maintaining Collections of | Art, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 956 | 3, not to report in its revenue statement and | d balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | | |
| | service, provide in Part XIII the text of the footnote to its finan | cial statements that describes these items. | |
| ь | If the organization elected, as permitted under FASB ASC 95 | | |
| | art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items | | · |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ <u>243,468</u> |
| 2 | If the organization received or held works of art, historical trea | asures, or other similar assets for financial o | |
| - | the following amounts required to be reported under FASB A | | ,, p |
| _ | Revenue included on Form 990, Part VIII, line 1 | 55 555 folding to mode from | ▶ \$ |
| | Assets included in Form 990, Part Y | | • |

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | | |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|--|
| 1a Land | 797,200. | 9,295,142. | | 10,092,342. | | | | |
| b Buildings | 4,973,247. | 19,019,421. | 11,775,630. | 12,217,038. | | | | |
| c Leasehold improvements | 47,344. | | 30,336. | 17,008. | | | | |
| d Equipment | 1,295,081. | 2,298,898. | 2,908,699. | 685,280. | | | | |
| e Other | 1,800. | 181,466. | | 183,266. | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c). | | | | | | | | |

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 SHELBURNE | FARMS | 03- | 0229347 Page 3 |
|--|-------------------------------|--|---------------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes | | | |
| (a) Description of security or category (including name of security | (b) Book value | (c) Method of valuation. Cost or end- | of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | <u> </u> | | |
| (A) | | | · · · · · · · · · · · · · · · · · · · |
| (B) | | | |
| (C) | | | |
| (D) | <u> </u> | <u> </u> | |
| (E) | | | |
| (F) | | | " |
| (G) | | | |
| (H) | | | · · · · · · · · · · · · · · · · · · · |
| Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. | | | · |
| Complete if the organization answered "Yes | a" on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-o | of-year market value |
| (1) | () | | · · · · · · · · · · · · · · · · · · · |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | <u></u> |
| Total (Col. (b) must equal Form 990, Part X, col (B) line 13.) | <u> </u> | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes | | 11d See Form 990, Part X, line 15 | |
| | a) Description | | (b) Book value |
| (1) DUE FROM SHELBURNE FARMS | , INC. | | 3,778,403. |
| (2) ANTIQUES AND ART | | | 243,468. |
| (3) BENEFICIAL ASSETS HELD B | Y OTHERS | | 218,723. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) | | | 4,240,594. |
| Part X Other Liabilities. | me 13) | | 1,110,001 |
| Complete if the organization answered "Yes | s" on Form 990. Part IV. line | 11e or 11f See Form 990. Part X, line 25 | |
| (a) Description of liability | | , | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

| Pai | Reconciliation of Revenue per Audited Financial Stateme | · · · · · · · · · · · · · · · · · · · | Return. |
|------------|--|---------------------------------------|-----------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | |
| .1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 1 | |
| а | Net unrealized gains (losses) on investments | 2a | - |
| þ | Donated services and use of facilities | 2b | - |
| С | Recoveries of prior year grants | 2c | - |
| ď | Other (Describe in Part XIII) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 . 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | - |
| b | Other (Describe in Part XIII) | 4b | ┤ ₄。 |
| - | Add lines 4a and 4b Tatal reviews Add lines 2 and 4a. (This must agual Form 900, Part I, line 12) | | 5 |
| Par | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Statem | nents With Expenses per | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| - а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | 7 |
| c | Other losses | 2c | 7 |
| d | Other (Describe in Part XIII.) | 2d |] |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | _ |
| b | Other (Describe in Part XIII) | 4b | _ |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 |
| | t XIII Supplemental Information. | | 1 D 1 V 1 1 2 D 1 V 1 |
| | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add | | 4, Part X, line 2, Part XI, |
| PAI | | | |
| COI | LECTIONS AND RELATION TO EXEMPT PURPOSE - | • • | |
| <u>THI</u> | COLLECTION OF ANTIQUES AND ART MAINTAINE | D BY SHELBURNE | FARMS INCLUDES |
| <u>AN'</u> | TIQUE FURNITURE AND HOUSEHOLD GOODS AS WEI | L AS ARTWORK. TI | HESE ITEMS |
| SEI | RVE THE ORGANIZATION'S MISSION AS THEY ARE | ON DISPLAY IN | THE FACILITIES |
| <u>ANI</u> | CONTRIBUTE TO THE STEWARDSHIP OF CULTURA | AL RESOURCES. | |
| | | · | |
| PAI | RT V, LINE 4: | | |
| IN | TENDED USES FOR ENDOWMENT FUNDS - | | |
| DOI | NORS TO THE FARM'S ENDOWMENT FUND CREATE A | LEGACY THAT WI | LL BENEFIT |
| <u>FU'</u> | TURE GENERATIONS. ENDOWMENT FUNDS HELP ENS | SURE CONTINUING | EDUCATIONAL |
| <u>ou'</u> | TREACH AND THE CARE AND USE OF THE PROPERT | TY FOR EDUCATION | |
| 93205 | 4 10-02-19 | | Schedule D (Form 990) 2019 |

SHELBURNE FARMS

03-0229347 Page 4

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

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

Employer identification number

Name of the organization 03-0229347 SHELBURNE FARMS Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (III) Did fundraiser (vi) Amount paid (i) Name and address of individual (IV) Gross receipts to (or retained by) to (or retained by) (ii) Activity have custody or control of fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions' Yes No GADE MCARDLE, LLC - 322 CAMPAIGN STRATEGY AND 160,000 -160,000, MICHAEL LANE WILLISTON VT DEVELOPMENT MEETINGS X RADISH ROAD - 87 FAIRHAVEN CAMPAIGN STRATEGY AND -<u>29,683,</u> 29,683 ROAD, CONCORD, MA 01742 DEVELOPMENT MEETINGS 189 683. -189 683. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 SHELBURNE FARMS 03-0229347 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE HARVEST (add col (a) through FESTIVAL col. (c)) (event type) (event type) (total number) 27,675. 27,675. 1 Gross receipts 2 Less Contributions 27,675. 27,675. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 32,174. 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo col (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b if "Yes," explain

| Sch | edule G (Form 990 or 990-EZ) 2019 SHELBURNE FARMS | <u>03-02</u> | <u> 229347</u> | Page 3 |
|-----------|---|--------------|----------------|--------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | | Yes | □ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | The organization's facility | L | 13a | % |
| b | An outside facility | L | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and recor | ds | | |
| | Name | | | |
| | Address | - | <u>.</u> | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo | unt | | |
| | of gaming revenue retained by the third party > \$ | | | |
| С | If "Yes," enter name and address of the third party | | | |
| | Name | | | |
| | Address ► | | | |
| 16 | Gaming manager information | | | |
| | Name | | | . |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | L Yes | ∟ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent | in the | | |
| Pa | organization's own exempt activities during the tax year ► \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) | , and Par | III, lines 9 | , 9b, 10b, |
| _ | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
| c | WEDNIE O DARM I IINE OD IIOM OF MEN UICUECM DAID FINIDDA | тегр | . | |
| <u>SC</u> | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA | LISER | <u> </u> | |
| | | | | |
| <u>(I</u> |) NAME OF FUNDRAISER: GADE MCARDLE, LLC | | | |
| <u>(I</u> |) ADDRESS OF FUNDRAISER: 322 MICHAEL LANE, WILLISTON, VT | 0549 | 5 | |
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| Schedule G | 3 (Form 990 or 990-EZ) | SHELBURNE | FARMS | | 03-0229347 | Page 4 |
|-------------|---|---------------------------------------|---------------------------------------|--------------|-------------------|--------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Info | mation (continued) | | | | |
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

SHELBURNE FARMS

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number 03-0229347

| Pai | it i Types of Property | | | | | | | |
|-----|--|-------------------------------|--|---|----------------|-------------------------------------|--------------|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | | (d) od of deterr contribution | | ts |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | - | | - | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | · | | | _ | |
| 7 | Boats and planes | | - | · - · | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities · Publicly traded | Х | 31 | 437,457. | MARKET | STOCK | TOUOT | E |
| 10 | Securities · Closely held stock | | | 10,710,1 | | <u> </u> | <u> Ruu-</u> | |
| 11 | Securities · Partnership, LLC, or | | | | | | | |
| • • | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | · | | | |
| 13 | Qualified conservation contribution - | | | | | | - | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | , | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate · Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | _ | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | · · · · · | | |
| 25 | Other () | | | | | | | |
| 26 | Other | | | | | | | |
| 27 | Other (| | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | zation durin | g the tax year for c | contributions | • | | | |
| | for which the organization completed Form 82 | | - | | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | v contributio | on any property rei | oorted in Part I, lines 1 throu | gh 28, that it | | | |
| | must hold for at least three years from the date | | | | | | | |
| | exempt purposes for the entire holding period | | | • | | 30 |)a | Х |
| b | | | | | | | | |
| 31 | Does the organization have a gift acceptance | oolicy that r | equires the review | of any nonstandard contrib | utions? | 3 | 1 X | |
| 32a | | | | | | | | |
| | contributions? | | J | ,,, | | 32 | 2a X | |
| b | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of propert | v for which column (a) is che | ecked, | | | |
| | describe in Part II | | , p | , | | | | |
| | | | | | | | | |

| Schedule M (Form 990) 2019 SHELBURNE FA | ARMS | 03-0229347 Page 2 |
|---|---|------------------------------|
| Part II Supplemental Information. Provide | de the information required by Part I, lines 30b, 32b, and 33, a er of contributions, the number of items received, or a combi | and whether the organization |
| SCHEDULE M, LINE 32B: | | |
| THIRD PARTIES USED TO PROCES | SS NONCASH CONTRIBUTIONS INCLUI | DE INVESTMENT |
| BANKS WHO RECEIVE THE STOCK | GIFTS, SELL, AND TRANSFER THE | PROCEEDS TO |
| THE ORGANIZATION. | | |
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SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

SHELBURNE FARMS

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

Employer identification number 03-0229347

Schedule O (Form 990 or 990-EZ) (2019)

| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
|---|
| - COLLABORATES WITH EDUCATORS AND OTHER LOCAL, NATIONAL AND |
| INTERNATIONAL PARTNERS TO ADVANCE EDUCATION FOR SUSTAINABILITY |
| WORLDWIDE. |
| |
| SHELBURNE FARMS IS SUPPORTED BY CHARITABLE CONTRIBUTIONS, TUITION, FEES |
| AND ADDITIONAL REVENUE FROM ITS MISSION ADVANCING ENTERPRISES, |
| INCLUDING A GRASS-BASED DAIRY AND AWARD-WINNING FARMSTEAD CHEESE MAKING |
| OPERATION, AN ORGANIC MARKET GARDEN, MAPLE SUGARING AND SUSTAINABLE |
| LUMBER PRODUCTION, SPECIAL EVENTS, YEAR-ROUND GUEST ACCOMMODATIONS, AND |
| A WIDELY RECOGNIZED SEASONAL INN AND FARM-TO-TABLE RESTAURANT. |
| FOLLOWING THE GIFT OF THE PROPERTY TO THE NONPROFIT IN 1984, IMPROVING |
| THE HISTORIC PROPERTY TO BUILD AN INSPIRING CAMPUS FOR LEARNING IS AN |
| ONGOING ENDEAVOR. |
| |
| THIS MARKS SHELBURNE FARMS' 47TH YEAR AS AN EDUCATIONAL ORGANIZATION |
| THAT TOUCHES THE LIVES OF THOUSANDS OF PEOPLE. IN 2019, THE FARM |
| RECEIVED SUPPORT FROM 4,242 INDIVIDUAL DONORS FROM 48 STATES AND 8 |
| COUNTRIES. IN ADDITION TO PROVIDING NUMEROUS RESOURCES AND OUTREACH |
| PROGRAMS FOR EDUCATORS, THE FARM'S PROGRAMS AND ACTIVITIES SERVED |
| 141,500 PEOPLE ON-SITE, INCLUDING 66,000 VISITORS ENJOYING HANDS-ON |
| AGRICULTURAL EXPERIENCES AT THE CHILDREN'S FARMYARD OR WALKING THE |
| FARM'S EIGHT MILES OF TRAILS. EIGHT THOUSAND SCHOOL-AGED CHILDREN |
| ATTENDED SCHOOL PROGRAMS AND SUMMER CAMPS, AND 2,000 OTHERS |
| PARTICIPATED IN FAMILY AND ADULT PROGRAMS. SIXTEEN HUNDRED EDUCATORS |
| TOOK PART IN SHELBURNE FARMS PROFESSIONAL LEARNING PROGRAMS. EVERY |

Name of the organization SHELBURNE FARMS

Employer identification number 03-0229347

PRESIDENT

VP

MARRIED

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S PROCESS TO REVIEW FORM 990 IS TO FIRST HAVE THE AUDIT

COMMITTEE REVIEW THE RETURN AND SUPPORTING INFORMATION. THE AUDIT COMMITTEE

THEN PRESENTS THE RETURN TO THE BOARD OF DIRECTORS. A 990 TUTORIAL IS ALSO

PROVIDED TO BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

POLICIES ARE REVIEWED AT THE COMMITTEE LEVEL AND THEN DISCUSSED AT THE

BOARD LEVEL WITH CHANGES MADE IF NECESSARY. EACH YEAR THE BOARD MEMBERS

SIGN THAT THEY ARE IN COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS COMPENSATION AND BENEFITS FOR ALEXANDER
WEBB, PRESIDENT, AND OTHERS THROUGH ITS COMPENSATION COMMITTEE. MANAGEMENT
OF THE ENTIRE ENTITY, INCLUDING ITS SUBSIDIARY SHELBURNE FARMS INC. IS
FACTORED INTO COMPENSATION. COMBINED REVENUE FOR THE TOTAL ORGANIZATION WAS
\$17.8M IN 2019. THIS COMMITTEE USES NATIONAL, REGIONAL, AND STATE
COMPENSATION SURVEYS TO DETERMINE APPROPRIATE COMPENSATION. THE CFO
BENCHMARKED THE EXECUTIVE COMPENSATION OF NON-PROFIT ORGANIZATIONS WITH A
SIMILIAR SIZE AND SCOPE WITHIN VERMONT AND REGIONALLY. THIS WAS SUMMARIZED
IN A REPORT WHICH WAS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

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

2019

OMB No 1545-0047

SHELBURNE FARMS

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 03-0229347

| Part I | Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 | if the organization answered "Yes" | on Form 990, Part IV, line 33 | | | | |
|----------|---|--------------------------------------|---|----------------------|--|------------------------------|----------------------------|
| | (a) | (b) | (c) | (d) Total latoma | (e) End-of-wear assets | | (f) Direct controlling |
| | of disregarded entity | | foreign country) | | | | entity |
| | | | | | | | |
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| Part II | Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year | ions. Complete if the organization a | if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt | Part IV, line 34, be | cause it had one c | or more related tax-exe | mpt |
| | (a) | (q) | (၁) | (0 | (e) | () | (g) |
| | Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | Direct controlling entity | controlled entity? |
| | | | | | | | + |
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| For Pape | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | s for Form 990. | | | | Schedule R | Schedule R (Form 990) 2019 |

03-0229347

Page 2

SHELBURNE FARMS Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

| | | | | • | | | | | | |
|--|---------------------|--|---|------|------|------|------|--|---|------|
| (j) (k) General or Percentage managing ownership | | | | | | | | | | |
| (j) neral or anaging artner? | Yes No | | | | | | | | | |
| Ger | (S) | | _ | | | | | | | |
| (i) Code V-UBI amount in box | K-1 (Form 106) | | | | | | | | | |
| | Ν̈́ | | | | | | | | | |
| (h) Disproportionale allocations? | Yes | | | | | | | | | |
| (g) Share of end-of-year | dosels | | | | | | | | | |
| (f) Share of total income | | | | | | • | | | | |
| (e) Predominant income (related, unrelated, | sections 512-514) | | | | | | | | | |
| (d) Direct controlling entity | | | | | | | | | | |
| (c) Legal domicile (state or | foreign country) | | | | | | | | _ | |
| (b) Primary activity | | | | | | | | | | |
| (a) Name, address, and EIN of related organization | | | | | | | | | | |

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

| organizations treated as a corporation or trost during the tax year | iiiig iiie iaA yeai | | | • | | | | | |
|---|---------------------|-----------------------------|---------------------------|------------------------------------|-----------------------|------------|----------------------|-------------------------------------|----------------|
| (a) | (q) | (0) | (p) | (e) | Θ | (6) | Ξ | 9 | ٠, |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or | Direct controlling entity | Type of entity (C corp, S corp, | Share of total income | ⊭ | Percentage ownership | 512(b)(13) controlled entity? | ~ <u>e</u> 3 ~ |
| | | country) | | or trust) | | dssets | | Yes No | 9 |
| SHELBURNE FARMS, INC 03-0304285 | | | | | | | | | |
| 1611 HARBOR ROAD | | | - | | | | | | |
| SHELBURNE, VT 05482 | SERVICES | ΛŢ | | c CORP | 1,646,397. | 1,720,657. | 1008 | × | 1 |
| ULYSSES COMPANY - 13-6098837 | | | | | | | | | |
| 1611 HARBOR ROAD | | | | | | | | | |
| SHELBURNE, VT 05482 | SERVICES | AL | | C CORP | 8,579. | 599,139. | 100% | × | |
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Schedule R (Form 990) 2019

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Yes

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Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

| | d in Parts II-IV? |
|---|---|
| O. | transactions with one or more related organizations liste |
| ie 1 if any entity is listed in Parts II, III, or IV of this schedule | e tax year, did the organization engage in any of the following t |
| Note: Complete lir | 1 During the ta |

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

- **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)

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- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------|----------------------------|------------------------|--|
| (1) SHELBURNE FARMS, INC. | A | 407,634. | 407,634.ESTIMATED FAIR VALUE |
| (2) ULYSSES COMPANY | ы | 500,000. | 500,000.FAIR VALUE |
| (3) SHELBURNE FARMS, INC. | ø | 711,432. | 711,432.ESTIMATED FAIR VALUE |
| (4) | | | |
| (5) | | | |
| (9) | | | |

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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| - | | | | |
|---|--|------|------|----------------------------|
| (k) ercentage wnership | | | | Cohodulo D (Form 000) 2010 |
| (j) nerat or P naging or | | | | |
| General or managing partner? | | | | |
| (h) (i) (j) (k) Dispropor- Location (code V-UBI managing) amount in box 20 managing ownership slications? of Schedule K-1 partner? Ves No (Form 1065) ves No | | | | - Parket |
| (h) Disproportionale allocations? | | | - | |
| Oisp to alloc: | | | | |
| (g) Share of end-of-year assets | | | | |
| (f) Share of total income | | | | |
| Are all partners sec 501 (c) (3) orgs? | | | | |
| Predominant income particle (d) Predominant income particle (not lated) (not | | | | |
| (c) Legal-domicile (state or foreign country) | | | | |
| -(b)- | | | , | |
| (a) Name, address, and EIN of entity | | | | |