Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

Received in Batching Oc.

SCANNED NOV 1

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Open to Public Inspection

-04/01-, 2019, and ending For calendar year 2019 or tax year beginning 03/31-20 20 A Employer identification number Name of foundation TRUSTEES OF CHESTER ACADEMY 2726 03-6007034 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 802-447-5836 P O BOX 1280 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. BRATTLEBORO, VT 05302 G Check all that apply: Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation . . . . . H Check type of organization: X Section 501(c)(3) exempt private foundation l)U If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method: Cash Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line X Other (specify) MODIFIED CASH under section 507(b)(1)(B), check here . (Part I, column (d), must be on cash basis.) 16) **▶** \$ 596,927 (d) Dishursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net expenses per purposes may not necessarily equal the amounts in income income books (cash basis only) column (a) (see instructions).) Contributions, gifts, grants, etc , received (attach schedule) if the foundation is not required to 2 Check > attach Sch B. . . . . . . . . 3 Interest on savings and temporary cash investments. STMT 14,662 14,662 4 Dividends and interest from securities Gross rents . . . . . . . . . . . . . 5a Net rental income or (loss) RECEIVED 31,127 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 137,801 assets on line 6a 31.127 Capital gain net income (from Part IV, line 2) . 7 8 Net short-term capital gain. . . . . . . . Income modifications 10a OGDEN, UT Gross sales less returns 4" 14 de - "L and allowances . . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . . . . . . 45,789 45,789 12 Total. Add lines 1 through 11 . . . . . . . 13 Compensation of officers, directors, trustees, etc. NONE NONE 14 Other employee salaries and wages . . . . . NONE NONE 15 Pension plans, employee benefits . 16a Legal fees (attach schedule) . . . . . . . . Accounting fees (attach schedule) . . . . 800 800 Other professional fees (attach school 2.2. C 17 1,712 1,712 Taxes (attach schedule) (see instructions). 3. 18 19 Depreciation (attach schedule) and depletion. 20 NONE NONE 21 Travel, conferences, and meetings . . . . . NONE NONE 22 Printing and publications . . . . perating 52 6,783 6,783 Other expenses (attach schedule) STMT. 4. Total operating and administrative expenses. 9,295 8.495 NONE 800 Add lines 13 through 23. . . . . . . . . . . 30,600 30.600 25 Contributions, gifts, grants paid . . . . . . 39,895 8,495 NONE 31.400 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: 5,894 Excess of revenue over expenses and disbursements 37,294 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

Form 9	90-PF	F (2019)			<u>-6007034</u>	Page 2
Part		<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End (	of year 🔭 💌
		<u></u>	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Ca	ash - non-interest-beari	ng			
2	Sa	avings and temporary	cash investments	22,277.	13,218	. 13,218
3		ccounts receivable				
	Le	ess: allowance for doub			<del> </del>	
4	PI	ledges receivable 🕨_	<del>_</del>		·	· · · · · · · · · · · · · · · · · · ·
-	Le	ess: allowance for doub	otful accounts >			
5			<i></i>			
6	Re	eceivables due from	officers, directors, trustees, and other			
-	di	isqualified persons (atta	ach schedule) (see instructions)			
7			eceivable (attach schedule)		···	
	Le	ess: allowance for doub	otful accounts  NONE			
ର   <sup>8</sup>			:8			
Assets			eferred charges			
₹  10:	a In	vestments - U S and state	government obligations (attach schedule)			
(	b In	vestments - corporate	stock (attach schedule)	529,168.	544,122	. 583,709
			bonds (attach schedule)			•
11		ivestments - land, building nd equipment: basis	s, <b>&gt;</b>			
	Le	ess accumulated deprecia	tion ▶			
12			loans			
13	In	vestments - other (atta	ch schedule) STMT .5			
14	ec	and, buildings, and quipment basis	<b>&gt;</b>			
	Le	ess accumulated deprecia	tion			
15			·			
16			completed by all filers - see the			<u>'</u>
	in	istructions. Also, see pa	age 1, item I)	551,445.	557,340	. 596,927
17	`A	ccounts payable and a	ccrued expenses			
18	G, ۔	rants payable	,			
<u>2</u> 19						
<b>≝</b>  20			rs, trustees, and other disqualified persons.			
Liabilities 19.02.1			tes payable (attach schedule)			
		ther liabilities (describe	· <b>&gt;</b>			
<b>  •  </b>	•		•			
23			s 17 through 22)		NONI	3
Ses			FASB ASC 958, check here			
Ë	ar	nd complete lines 24,	25, 29, and 30.	551 445	555 040	!
음 24	N	et assets without dono	r restrictions	551,445.	557,340	
25	N		strictions			
<u> </u>	Fo		ollow FASB ASC 958, check here			
[	ar	nd complete lines 26 thre				
or Fund Balanc 52 52 54 55	C	apital stock, trust princ	ipal, or current funds			
일 27		aıd⊣n or capıtal surplus, oı	land, bldg, and equipment fund			<u> </u>
28 SS 28		~ .	ated income, endowment, or other funds			<u> </u>
<b>2</b> 9			I balances (see instructions)	551,445.	557,340	
30		otal liabilities and	·			
_				551,445.	557,340	
Part			nges in Net Assets or Fund Balan			<u>.</u>
			palances at beginning of year - Part II,			PF4 44=
			d on prior year's return)			551,445.
			line 27a			5,894.
			led in line 2 (itemize) ► ROUNDING		3	1.
			ting O Hamilton			557,340.
		ases not included in	· · · · · · · · · · · · · · · · · · ·	5\ B . U	5	655 040
<u>6</u> To	otal_i	net assets or fund ba	alances at end of year (line 4 minus lin	<u>e 5) - Part II, colum</u> n (b),	line 29   6	557,340.

	330-77 (2013)					
Par		and Losses for Tax on Inve		T 761		
		scribe the kind(s) of property sold (for e	• •	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
		shs. MLC Co.)	D - Purchase D - Donation	(mo , day, yr )	(mo , day, yr )	
1 a	PUBLICLY TRADED	SECURITIES				
b						
C					_	
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	•
a	137,801.		106,674.		<u></u>	31,127.
b		<del></del>	100/0/11			31,127.
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
		<del></del>			····	
<u>d</u>				<u> </u>		
<u>e</u>		cowing goes in column (h) and award h	hy the foundation on 12/21/60	<u> </u>		
	Complete only for assets sit	owing gain in column (h) and owned b	1		Gains (Col (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	coi.	(k), but not less t Losses (from co	
a						31,127.
<u>b</u>						
c						
d						
е						
_	0 101 1 11	,	ain, also enter in Part I, line 7			
2	Capital gain net income	or (net capital loss)	oss), enter -0- in Part I, line 7	2		31,127.
	Net short-term capital ga	ain or (loss) as defined in sections	,			
3				1 1		
3		art I, line 8, column (c). See ins	structions. If (loss), enter -0- in <b>(</b>	1 1		
3	If gain, also enter in P	art I, line 8, column (c). See ins		3		
Par	If gain, also enter in P Part I, line 8	Inder Section 4940(e) for Red			me.)	
Par (For	If gain, also enter in P Part I, line 8	Inder Section 4940(e) for Red private foundations subject to the leave this part blank.	uced Tax on Net Investment I	ment inco	· 	Yes X No
Par (For If se	If gain, also enter in P Part I, line 8	Inder Section 4940(e) for Red private foundations subject to the leave this part blank.	uced Tax on Net Investment Invest	ment inco	· 	] Yes □X No
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Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nštru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		•	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3	73.
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		N	<u>IONE</u>
3	Add lines 1 and 2		3	73.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		N	<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		3	73.
6	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 900.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			. لجي
7	Total credits and payments. Add lines 6a through 6d		9	00.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			27
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>27.</u>
_	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► 376. Refunded ► 11  VII-A Statements Regarding Activities			51.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No No
ıa	participate or intervene in any political campaign?	1a	162	X
<b>h</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		_	<u></u>
b	Instructions for the definition	16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		$\overline{\mathbf{x}}$
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$			(
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			- 1
	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1
	By language in the governing instrument, or			į
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	$\overline{\mathbf{x}}$	
-	conflict with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	<del>'</del> -	^	i
8a	Enter the states to which the foundation reports or with which it is registered. See instructions VT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
.,	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	$\overline{\mathbf{x}}$	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	<del>  </del>		į
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		$_{\rm X}$ 2
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
		rm 99	0-PF	

Par	VII-A <sup>2</sup> Statements Regarding Activities (continued)				
	1			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within	the		•	
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	[	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqua	lified			
	person had advisory privileges? If "Yes," attach statement. See instructions		12		. X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tion?	13	X	
	Website address ► N/A				
14	The books are in care of ▶ Trust Company of Vermont Telephone no. ▶ (802)	<u> 254-</u>	<u>940</u>	0	
	Located at ► P.O.BOX 1280, BRATTLEBORO, VT ZIP+4 ► 053				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			▶	
	and enter the amount of tax-exempt interest received or accrued during the year				
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other au	hority <sub>F</sub>		Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	ne of			
	the foreign country				
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			Vaa	B1-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	}		Yes	No
1a	During the year, did the foundation (either directly or indirectly):				
		No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	No			
		No			
		No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X  (5) Transfer any income or assets to a disqualified person (or make any of either available for	,			
	the benefit or use of a disqualified person)?	No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after				
		No			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described				
_	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	[	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	ſ			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	that			
	were not corrected before the first day of the tax year beginning in 2019?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a pr	ıvate			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).				
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
	6d and 6e) for tax year(s) beginning before 2019?	No			
	If "Yes," list the years				į
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(				[
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2				
	all years listed, answer "No" and attach statement - see instructions )	• • • •	2b		<b>—</b> ,
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				[
_					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation	1			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by	- 1			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the laps	- 1			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if		3b		
An	foundation had excess business holdings in 2019.)		4a	-	Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purply bid the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize		-74		1
Ü	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2		4b		X,
	, see and the second se			Λ DE	/2010

Par	t VII-B Statements Regarding	ng Activities for	Which Form 4	720 May Be Req	uired (continued)	· _		
5a	During the year, did the foundation pay	or incur any amoun	t to:				Yes	No
	(1) Carry on propaganda, or otherwise	attempt to influence	legislation (section	n 4945(e))?	. Yes X	No O		
	(2) Influence the outcome of any sp	ecific public electi	on (see section 4	1955); or to carry or	١,			{
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for	travel, study, or othe	r similar purposes?	·	. Yes X	No		1
	(4) Provide a grant to an organization	on other than a ch	naritable, etc., org	anization described i	n			1
	section 4945(d)(4)(A)? See instruct				Yes X	No		1
	(5) Provide for any purpose other to							
	purposes, or for the prevention of c					Vo		
ь	If any answer is "Yes" to 5a(1)-(5),	did any of the tra	ansactions fail to	qualify under the ex	xceptions described	in	.	[[
	Regulations section 53 4945 or in a cur					. 5b		
	Organizations relying on a current notic	e regarding disaster	assistance, check	here				
С	If the answer is "Yes" to question	5a(4), does the fo	undation claim e	xemption from the t	ax			
	because it maintained expenditure resp	onsibility for the gra	nt?		. Yes T	No		
	If "Yes," attach the statement required I	y Regulations section	on 53.4945-5(d).			,		ĺ
6a	Did the foundation, during the year,	receive any funds	, directly or indire	ectly, to pay premiur	ms			ł
	on a personal benefit contract?		<b></b> .		Yes X	Vo	.	
Ь	Did the foundation, during the year, pay	premiums, directly	or indirectly, on a	personal benefit contra	ict?	. 6Ь		Х
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the	e foundation a party	to a prohibited tax	shelter transaction?.	. Yes X	Vo		لـــا
Ь	If "Yes," did the foundation receive any	proceeds or have an	y net income attrib	outable to the transacti	on?	. 7b	ļ	
8	Is the foundation subject to the section							{
	remuneration or excess parachute payr							
Par	t VIII Information About Off and Contractors	icers, Directors,	irustees, Fou	indation Manager	s, Hignly Pald En	npioyees,		
1	List all officers, directors, trustees,							
	(a) Name and address	I *	b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expen	se accou	unt,
वयव	STATEMENT 6		devoted to position	enter -0-)	and deferred compensation	1 0		
<u> </u>	STATEMENT 6		İ					
						+		
				'				
						+		
	<del></del>					l .	•	
				· · · ·		<del> </del>		
				•				
2	Compensation of five highest-pa	id employees (o	ther than thos	e included on line	e 1 - see instruct	tions). If r	one,	enter
	"NONE."				(d) Contributions to			
(a)	Name and address of each employee paid mo		b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expen		
•			devoted to position		plans and deferred compensation	otner al	lowance	es 
NON.	<u>E</u>		<u>.</u>	NONE	NONE	1	ONE	
					-			
					1	1		
	<del>, , , , , , , , , , , , , , , , , , , </del>			_	_	<del> </del>		
Tatal	I number of other employees paid ov	/er \$50,000 · · ·				<b>1</b>	ONE	

Form 990-PI	F (2019)	Page <b>7</b>				
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,				
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."						
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation				
		,				
NONE		NONE				
	<del></del>					
		•				
Total num	mber of others receiving over \$50,000 for professional services	NONE				
Part IX-		NONE				
	foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of	F				
	ations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses				
	FOUNDATION PROVIDES SCHOLARSHIPS TO					
	DUATES OF HIGH SCHOOLS IN THE CHESTER, VT AREA, TO					
. —	THER THEIR EDUCATION.					
2						
3						
4						
Part IX-	Summary of Program-Related Investments (see instructions)	1				
`	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount				
1 NONE						
	<del>-</del>					
2	· · · · · · · · · · · · · · · · · · ·					
All other	r program-related investments. See instructions					
3 NONE						
Total. Ad	Id lines 1 through 3	1				

03-6007034

Form	990-PF (2019) 03-6007034	<u> </u>	Page <b>8</b>
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
8	Average monthly fair market value of securities	1a	<u>670,770.</u>
Ь	Average of monthly cash balances	1b	NONE
C	Fair market value of all other assets (see instructions)	1c	NONE
d	<b>Total</b> (add lines 1a, b, and c)	1d	670,770.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	<u>670,770.</u>
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	10,062.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	660,708.
6	Minimum investment return. Enter 5% of line 5	6	33,035.
Par	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	33,035.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 373 .		
b	Income tax for 2019. (This does not include the tax from Part VI.), . 2b		
c	Add lines 2a and 2b	2c	373.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,662.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	32,662.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	32,662.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	31,400.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	31,400.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions		373.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		31,027.
	Note: The amount on line 6 will be used in Part V column (b) in subsequent years when as	louisting whather t	ha foundation

Form **990-PF** (2019)

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

Form 990-PF (2019) Page 9

1 Distributable amount for 2019 from Part XI, line 7					uctions)	Part XIII Undistributed Income (see instr
Distributable amount for 2019 from Part XI,		(d)	(c)	(b)	(a)	
2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only		2019	2018	Years prior to 2018	Corpus	1 Distributable amount for 2019 from Part XI,
a Enter amount for 2018 only	<u>662</u>	32,				line 7
b Total for prior years 20						2 Undistributed income, if any, as of the end of 2019
3 Excess distributions carryover, if any, to 2019: a From 2014			30,556.			a Enter amount for 2018 only
a From 2014 NONE b From 2015				NONE		<b>b</b> Total for prior years 20,20,20
b From 2015						3 Excess distributions carryover, if any, to 2019:
c From 2016						4 110111 2014 1 1 1 1 1 1
d From 2017						
e From 2018						
f Total of lines 3a through e						
4 Qualifying distributions for 2019 from Part XII, line 4· ▶ \$ 31,400.			·			e From 2018 NONE
line 4· ▶ \$31,400.			<u>.                                    </u>		NONB	f Total of lines 3a through e
a Applied to 2018, but not more than line 2a 30,556.						line 4 ▶ \$31,400.
		<del> <u> </u></del>	30,556.			a Applied to 2018, but not more than line 2a
b Applied to undistributed income of prior years						b Applied to undistributed income of prior years
(Election required - see instructions) NONE						(Election required - see instructions)
c Treated as distributions out of corpus (Election	'	,		.,		c Treated as distributions out of corpus (Election
required - see instructions) NONE					NONB	•
	844	<del></del>				d Applied to 2019 distributable amount
e Hemaining amount distributed out of corpus NONIS				• 1	NONIS	
(If an amount appears in column (d) the same						· · · · · · · · · · · · · · · · · · ·
amount must be shown in column (a), the same NONE	NON				NONR	amount must be shown in column (a).)
6 Enter the net total of each column as						
indicated below:					NONIB	
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 NONE					NONB	a Corpus Add lines 3f, 4c, and 4e. Subtract line 5
b Prior years' undistributed income. Subtract				NONE		· · · · · · · · · · · · · · · · · · ·
line 4b from line 2b NONE		<del></del>		NONE		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has						
been issued, or on which the section 4942(a)				NONIR		been issued, or on which the section 4942(a)
tax has been previously assessed				NONE		tax has been previously assessed
d Subtract line 6c from line 6b. Taxable NONE				NONE		
e Undistributed income for 2018 Subtract line			-	NONE		
4a from line 2a. Taxable amount - see						4a from line 2a. Taxable amount - see
instructions						Instructions
f Undistributed income for 2019 Subtract lines						
4d and 5 from line 1. This amount must be distributed in 2020	818	31				
	<u> </u>					
7 Amounts treated as distributions out of corpus						•
to satisfy requirements imposed by section						* * *
170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) NONE			•		NONE	_
8 Excess distributions carryover from 2014 not						,
applied on line 5 or line 7 (see instructions) NONE					NONE	, , , , , , , , , , , , , , , , , , ,
9 Excess distributions carryover to 2020.						
Subtract lines 7 and 8 from line 6a NONE		•			NONE	•
10 Analysis of line 9				-		
a Excess from 2015 NONE						
b Excess from 2016 NONE						
c Excess from 2017 NONE						
d Excess from 2018 NONE						· · · · · · · · · · · · · · · · · · ·
e Excess from 2019 NONE						

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other SEE ATTACHED STATEMENT FOR LINE 2 JSA 9E1490 1 000 Form **990-PF** (2019)

3 Grants and Contributions Paid Durin	If recipient is an individual.	Foundation	utule rayillelit	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Ap <b>nou</b> nt
a Paid during the year	or substantial contributor	recipient		<del>- · ·</del>
a raid during the year				
See Attached				
				30,600.
			A.F.	
•			n see	
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		i		
			•	
			]	
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Total	<u></u>	· · · · · ·	▶ 3a	30,600.
<b>b</b> Approved for future payment				
Total	<u> </u>	<u> </u>	▶ 3b	

Part XVI-			ivities ated business income	Evaluded by	y section 512, 513, or 514	(e)
Enter gross a	amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	Related or exempt function income
1 Program	service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
				<del> </del>		
		-				
						<del></del>
	<del></del>	<u> </u>				
e						<del></del> -
	and contracts from government agencies					
2 Members	ship dues and assessments					<del></del>
3 Interest or	n savings and temporary cash investments -		<u> </u>	1 4	14 662	
4 Dividend	Is and interest from securities		<del> </del>	14	14,662.	<del></del>
	al income or (loss) from real estate:			<del>                                     </del>		
	financed property			<del>                                     </del>		
	debt-financed property					
6 Net renta	I income or (loss) from personal property					
	vestment income			10	21 127	
	oss) from sales of assets other than inventory	1		18	31,127.	
	me or (loss) from special events · · ·					
	ofit or (loss) from sales of inventory			-		
_	venue: a			<del> </del>		
				<del> </del>		
6	. Add columns (b), (d), and (e)			<del> </del>	45,789.	•
	dd line 12, columns (b), (d), and (e)					45,789.
	eet in line 13 instructions to verify calcu					+3,107.
Part XVI-			ccomplishment of Ex	kempt Pur	Doses	
Line No.					-	
Eine No. ▼	Explain below how each activit accomplishment of the foundation					
					,	
11						
						<del></del>
						<del> </del>
			***************************************		44	
						<del></del>

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Part XVII" **Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) X (2) Other assets . . . 1a(2) **b** Other transactions: X (2) Purchases of assets from a noncharitable exempt organization . . . . . . . . 1b(2) X 1b(5) Х (6) Performance of services or membership or fundraising solicitations . . . . . . . c Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . . . . . . d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) (other than section 501(c)(3)) or in section 527?.......... b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, Sign discuss this TREASURER ما the Here X Yes Title Signature of officer or trustee See instructions LAURIE GOODRICH PTIN Date Print/Type preparer's name Preperer's signature Check **Paid** 05/11/2020 self-employed P01067662 BARBARA F FLYNN EA

Form 990-PF (2019)

03-0362172

802-231-2768

Firm's EIN

Phone no

 $\triangleright$ 

**Preparer** 

**Use Only** 

Firm's name

Firm's address

► TRUST COMPANY OF

▶ PO BOX 1280

BRATTLEBORO

05302

VERMONT

VT

STATEMENT

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FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

· NET INVESTMENT INCOME	2 1 2	യവയ		112. 178.	1,510. 2,154.	1,798. 551.	1,109. 1,221.	14,662.
REVENUE AND EXPENSES PER BOOKS	1,323. 1,512. 527.	288.350.350.	9.0	112.	1,510. 2,154.	, 79 55	1,109.	14,662.
DESCRIPTION	DODGE & COX INCOME FUND #147 ISHARES S&P 500 INDEX FUND I SHARES CORE S&P MID-CAP ETF	I SHARES CORE S&P SMALL-CAP ETF NORTHERN TRUST GOVT SELECT SHARE CL 848 PIMCO LOW DURATION	PIMCO SHORT TERM INSTITUTIONAL #37 PRIMECAP ODYSSEY GROWTH FD	SPDR TRUST SER 1 SPDR S&P DIVIDEND ETF WANCHARD HIMIDEND ADDRECTATION ETTE	VANGOARD DIVIDEND AFFRECIATION EIF VANG EQUITY INCOME FD ADM #565 VANG WELLINGTON FD ADM	VANGUARD WELLESLEY INCOME FD ADM SHS VANGUARD GNMA ADMIRAL FUND	VANG SHORT TERM INVESTMENT GRADE FD ADM VANGUARD 500 INDEX ADM #540	TOTAL

CXN490 363L 05/11/2020 10:29:15

HER PROFESSIONAL FEES	REVENUE AND EXPENSES PER BOOKS	
FORM 990PF, PART I - OTHER PROFESSIONAL FEES	DESCRIPTION	TION FEE

CHARITABLE PURPOSES

800. 800. 

STATEMENT

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TRUSTEES OF CHESTER ACADEMY 2726

03-6007034

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NET INVESTMENT INCOME	1 1 1 1	812.	.006	1,712.	H H H H H H H H H H H H H H
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	812.	.006	1,712.	
DESCRIPTION	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	FEDERAL TAX PAYMENT - PRIOR YE	FEDERAL ESTIMATES - PRINCIPAL	TOTALS	

2726

FORM 990PF, PART I - OTHER EXPENSES  STATEMENT

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	NET	INVESTMENT	INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1
			,	
			DESCRIPTION	1 1 1 1 1 1 1 1

686. 6,097.		6,783.
. 686 6,097.		6,783.
OTHER NON-ALLOCABLE EXPENSE - INVESTMNT MNGMNT FEES (NON-DED	•	TOTALS

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03-6007034

- OTHER INVESTMENTS FORM 990PF, PART II

TRUSTEES OF CHESTER ACADEMY 2726

DESCRIPTION

COST/ FMV CORF

SEE ATTACHED INV. REVIEW

U

TOTALS

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

John Holme JR

ADDRESS:

PO Box 474

Chester, VT 05143

TITLE:

Secretary

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Laurie Goodrich

ADDRESS:

PO Box 993

Chester, VT 05143

TITLE:

Treasurer

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Alice H Forlie

ADDRESS:

PO Box 324

Chester, VT 05143

TITLE:

Trustee

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Debbie Aldrich

ADDRESS:

470 Route 103N

Chester, VT 05143

TITLE:

Trustee

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

Andy Ojanen

ADDRESS:

308 Adams Road Chester, VT 05143

TITLE:

Trustee

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Rev Tom Charleton

ADDRESS:

PO Box 187

Chester, VT 05143

TITLE:

President

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Chris Plumb

ADDRESS:

230 Plumb Road

Andover, VT 05143

TITLE:

Trustee

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

John Carroll, JR

ADDRESS:

PO Box 473

Chester, VT 05143

TITLE:

Trustee

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

Keith Hill

ADDRESS:

62 Center Street #2 Springfield, VT 05156

TITLE:

Trustee

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Kelly Goodrich

ADDRESS:

PO Box 755

Chester, VT 05143

TITLE:

Trustee

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TRUSTEES OF CHESTER ACADEMY 2726 FORM 990PF, PART XV - LINES 2a - 2d

## RECIPIENT NAME:

Green Mountain Union High School ADDRESS:

716 VT Rte 103 South Chester, VT 05143

RECIPIENT'S PHONE NUMBER: 802-875-2146

FORM, INFORMATION AND MATERIALS:

application

SUBMISSION DEADLINES:

04/15

eligibility requires applicants be in attendance at GMUHS for 3 years RESTRICTIONS OR LIMITATIONS ON AWARDS:

or residents of Chester for 3 yrs. Available for up to 4 years of undergraduate study. Vet medicine, equine studies will be given specia