### EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Inspection

OMB No. 1545-0047

<u> </u>	ror un	e 2019 calendar year, or tax year beginning 001 1, 2019 and	ending U	UN 30, 2020					
В	Check if applicab	C Name of organization		D Employer identifi	cation number				
	Addre chang Name								
L	chang	Doing business as		03-03363	48				
L	Initial return	/	Room/suite	E Telephone numbe					
	Final return	C/O CLERK OFFICE 149 CHURCH STREET		(802)865					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	402,509.				
L	Amen return	BUNDINGION, VI USAUI		H(a) Is this a group re					
	Application	F Name and address of principal officer: NATITE RINE SCHAD		for subordinates	s? Yes X No				
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes									
		empt status:	or 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.CEDOBURLINGTON.ORG		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·				
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1982	<b>M</b> State of legal domicile: $ extbf{VT}$				
P	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: TO H	ELP FU	RTHER THE C	OMMUNITY				
Activities & Governance		AND ECONOMIC DEVELOPMENT OBJECTIVES OF TI							
ern	2	Check this box  if the organization discontinued its operations or dispose	sed of more	1					
Š				3	5				
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			5				
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0				
Ĭ		Total number of volunteers (estimate if necessary)			5				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 39	·····	•	0.				
e				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		439,306.	0.				
Revenue	9	Program service revenue (Part VIII, line 2g)		439,306.	396,509.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,500.	6,000.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		445,806.	402,509				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		443,800.	402,309.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Sen	loa	Total fundraising expenses (Part IX, column (D), line 25)	0.	<u></u>	0.				
$\tilde{\Xi}$	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		295,658.	273,328.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		295,658.					
		Revenue less expenses. Subtract line 18 from line 12		150,148.					
JC PS		Trevende 1633 expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year				
ets (	20	Total assets (Part X, line 16)		5,583,665.	5,164,109.				
ASS	21	Total liabilities (Part X, line 26)		3,714,962.	3,166,225.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,868,703.	1,997,884.				
	art II	Signature Block		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,				
Und	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is				
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
Sig	jn	Signature of officer		Date					
He	re	KATHERINE SCHAD, CHIEF ADMINISTRATIVE	OFFIC	ER					
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai		SHERYL L. STEPHENS-BURKE, SHERYL L. STEPHI	ENS-B	14/29/21 self-employ					
	parer	Firm's name MELANSON, P.C.		Firm's EIN ▶	02-0354851				
Use Only   Firm's address   9 EXECUTIVE PARK DRIVE									
		MERRIMACK, NH 03054		Phone no. 6 0	3-882-1111				
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form	m 990 (2019) BURLINGTON COMMUNITY DEV	ELOPMENT CORP	03-0336348 Page 2
	art III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this I	Part III	
1	Briefly describe the organization's mission:		
	TO HELP FURTHER THE COMMUNITY AND ECC		
	THE CITY OF BURLINGTON. THE ORGANIZAT		
	CITY DEPARTMENTS TO SECURE FINANCING		<u> </u>
	OFTEN HOLDS TITLE TO PROPERTY FOR REL		
2	Did the organization undertake any significant program services during the	•	
	prior Form 990 or 990-EZ?		Yes X No
_	If "Yes," describe these new services on Schedule O.		es? Yes X No
3	Did the organization cease conducting, or make significant changes in hor	wit conducts, any program service	es?Yes 🔼 No
	If "Yes," describe these changes on Schedule O.	She there a few and have a second and	and the same of th
4	Describe the organization's program service accomplishments for each of		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the arrangement if any for each program arrangement of	lount of grants and allocations to d	otners, the total expenses, and
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 261,051 • including grants of \$	\	evenue \$ 396,509.
<del>-1</del> a	REAL ESTATE PROJECTS TO PROMOTE ECONO	)MTC DEVELOPMENT 7	IN THE BURLINGTON
	AREA.	THE DEVELOPMENT I	THE BUILDING ON
4b	(Code:) (Expenses \$ including grants of \$	) (Re	evenue \$
4-	(Out) \( \( \( \begin{array}{cccc} \partial \\  & \end{array} \)	\ /=	
4c	(Code:) (Expenses \$ including grants of \$	) (Re	evenue \$

4d Other program services (Describe on Schedule O.)

including grants of \$ 261,051. ) (Revenue \$

4e Total program service expenses

# Form 990 (2019) BURLINGTON COMMUNITY DEVELOPMENT CORP 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
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		
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 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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, VII, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		х
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		Х
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		Х
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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٦,
	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,"			v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	∠UD		
۷1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	The state of the s			

Part IV	Checklist of Required Schedules (c	ontinued)

			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
24a	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			v
	Schedule K. If "No," go to line 25a	24a		Х
	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 24d		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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):			
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		Х
С	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		X
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		٠,,	
	Part V, line 1	34	Х	V
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del></del>		<del></del>
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai			•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	200	(0010

### BURLINGTON COMMUNITY DEVELOPMENT CORP Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	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).			37						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
_	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	_		X						
	any contributions that were not tax deductible as charitable contributions?	6a								
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01.								
_	were not tax deductible?	6b								
7	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								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х						
٨	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		25						
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f		7f								
g										
h										
8										
_	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	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									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	<b>Note:</b> 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									
	Enter the amount of reserves on hand	4.6		₩						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x						
	excess parachute payment(s) during the year?  If "Yos " soo instructions and file Form 4720. Schodule N.	15								
16	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						
10	If "Yes," complete Form 4720, Schedule O.	10								
	ii 100, complete i dilli 4720, comedule o.									

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶VT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	3)s onl	y) avail	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	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 books and records >			
	CITY OF BURLINGTON TREASURER'S OFFICE - 802-865-7144			
	149 CHURCH STREET, BURLINGTON, VT 05401			

## 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 reportable 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.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	not check more than one s, unless person is both an cer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	_	cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		_ e	nedu		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		yoldı	t con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MAYOR MIRO WEINBERGER	1.00	=	=	0		±θ	<u></u>			
PRESIDENT		х						0.	0.	0.
(2) BRIAN PINE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) ALI DIENG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) KAREN PAUL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) MAX TRACY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) KATHERINE SCHAD	1.00									
CHIEF ADMINISTRATIVE OFFICER				Х				0.	0.	0.
		L	L_	L		L				
					İ					

932007 01-20-20 Form **990** (2019)

Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No	Section A. Officers, Direct	<u>ors, Trustees, Key</u> Em	ploye	ees,	, and	<u>d Hi</u>	ighe	st C	Compensated Employe	es (continued)				
Nours part   Nours part   Nours part   Nours part   Nours part   Nours for part   Nours for related   No	(A)	(B)	(C)						(D)	(E)			(F)	
Total number of Independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and related on ine 1a, is the sum of reportable compensation from gray treatment from 1st and reportable compensation from 1st and related and reportable compensation from 1st and related and reportable compensation from 1st and related and related and related and related above). Who received more than \$100,000 of compensation from the organization sheets to Part VII, Section A.    Did the organization is lary former officer, director, trustee, key employee, or highest compensated employee on 1st 1st 2" W'es," complete Schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation from the organization sheet than \$150,000 of W'es," complete Schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation from the organization sheet than \$150,000 of well of the organization. Report prompers at the sign of well of the organization. Report prompers at the sign of the organization sheet than \$150,000 of compensation from the organization. Report prompers and the organization is not promper schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services   Section B. Independent Contractors   Complete this table for your five highest compensation from any unrelated organization or individual for services   Section B. Independent Contractors   Complete this table for your five highest compensation from any unrelated organization or individual for services   Section B. Independent Contractors   Section B. Independent	Name and title	"						one	Reportable	Reportable	•	Es	stimate	;d
Subtotal			box,	unles	ss pe	rson	is bot	h an	1			l		of
thours for violated organizations  below line)  15 Subtotal  16 Total from continuation sheets to Part VII, Section A  17 Total from continuation sheets to Part VII, Section A  18 Total from continuation sheets to Part VII, Section A  19 Total from continuation sheets to Part VII, Section A  20 Total from continuation sheets to Part VII, Section A  21 Total from continuation sheets to Part VII, Section A  22 Total from continuation sheets to Part VII, Section A  23 Did the organization from the organization from the organization from the organization and other compensation from the organization and other compensation from the organization and other compensation from the organization from the organiza			Н. Т	cı alı	uau	II ecit	)/ ii us	lee,				1		
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines th and tro)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes IN  1 Did any paraination list any former officer, director, trustee, key employee, or highest compensated employee on line 1s? If "Yes," complete Schedule J for such individual  For any individual listed on line 1s, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,0007 If "Yes," complete Schedule J for such individual  For any individual listed on line 1s receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization stax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		, ,	irecto											
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.   Yes No and related organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If ""'es," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "'es," complete Schedule J for such individual  5 Did any person listed on line 1a reactive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "'es," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			or di	99			sated		_	(W-2/1099-MI 	SC)			-
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.   Yes No and related organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If ""'es," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "'es," complete Schedule J for such individual  5 Did any person listed on line 1a reactive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "'es," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			rustee	l trus		98	ubeu		(44-2/1099-141130)					
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.   Yes No and related organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If ""'es," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "'es," complete Schedule J for such individual  5 Did any person listed on line 1a reactive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "'es," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		"	dual t	itiona	_	nploy	st cor	 				l		
1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines th and tro)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes IN  1 Did any paraination list any former officer, director, trustee, key employee, or highest compensated employee on line 1s? If "Yes," complete Schedule J for such individual  For any individual listed on line 1s, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,0007 If "Yes," complete Schedule J for such individual  For any individual listed on line 1s receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization stax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		line)	ndivi	nstitu	Office	(ey en	Highe	Forme						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			$\Box$											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			$\Box$											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			Ш											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			Ш											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			Ш											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			Ш									<u> </u>		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			1											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No.			$\coprod$											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►    Yes   No.   Yes   No.	1b Subtotal													0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Yes   Name and business address   None														0.
compensation from the organization    Yes   No.									l .			<u> </u>		0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	•	- <del>-</del>	iose l	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportal	ole			,
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organizati	on <b>&gt;</b>											Vaal	
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Bescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	<b>6</b> Dilli i i i i i i i												res	NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	,			•	•	•		_		•				Y
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than												3		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than										tne organization				Y
rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	0 0			•						idual for convicor		4		
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  None  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	• •	·				-		Cial	ed organization or indiv	idual for services	>	5		Х
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		es, complete scriedal	0 10	)i St	JCII	Ders	3011							
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		ighest compensated in	dene	nde	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	mpens	ation	from	
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than											пропо	ation		
Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	the organization happens company		<u> </u>				0. 1.	<u> </u>		<i>y</i> • • • • • • • • • • • • • • • • • • •			<u></u>	
2 Total number of independent contractors (including but not limited to those listed above) who received more than	Name and		NO	NE	3					services	С			n
			-					$\dashv$						
\$100,000 of compensation from the organization			iot lim	nite	d to		_	sted	d above) who received n	nore than				

BURLINGTON COMMUNITY DEVELOPMENT CORP 03-0336348 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f **Business Code** 531190 358,000. 358,000. 2a RENT Program Service Revenue 38,509. INTEREST ON LOANS 900099 38,509. b С All other program service revenue 396,509. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b 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** Miscellaneous Revenue 900000 6,000. 6,000. 11 a MISCELLANEOUS b

6,000.

396,509.

402,509.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b		5,000.		5,000.	
C	_	3,000.		3,000.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	144,802.	137,525.	7,277.	
21	Payments to affiliates		4		
22	Depreciation, depletion, and amortization	62,538.	62,538.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  AMORTIZATION	44,710.	44,710.		
a b	REAL ESTATE TAXES	16,278.	16,278.		
c		20,2700			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	273,328.	261,051.	12,277.	0.
26	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)				

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	<b>50.00</b>	3			
	4	Accounts receivable, net	78,000.	4			
	5	Loans and other receivables from any current of	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	rsons (as defined				
		under section 4958(f)(1)), and persons describe			4 050 606	6	244 222
ets	7	Notes and loans receivable, net			1,078,636.	7	844,328.
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		- 100 000			
		basis. Complete Part VI of Schedule D		5,183,030.			4 00 - 406
	b	Less: accumulated depreciation			4,359,964.	10c	4,297,426.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	65.065	14			
	15	Other assets. See Part IV, line 11	67,065.	15	22,355.		
	16	Total assets. Add lines 1 through 15 (must equ	5,583,665.	16	5,164,109.		
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
<u>es</u>	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ja;		controlled entity or family member of any of the			0 017 010	22	0 510 550
_	23	Secured mortgages and notes payable to unrel			2,917,010.	23	2,519,550.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24	). Complete Part X	707 052		616 675
		of Schedule D			797,952.		646,675. 3,166,225.
	26	Total liabilities. Add lines 17 through 25			3,714,962.	26	3,100,223.
Se		Organizations that follow FASB ASC 958, che	eck ner	e 🕨 🔼			
ŭ	07	and complete lines 27, 28, 32, and 33.			1,868,703.	07	1,997,884.
Sala	27	Net assets without donor restrictions			1,000,703.	27	1,331,004.
힏	28	Net assets with donor restrictions				28	
Ξ		Organizations that do not follow FASB ASC 9	958, cn	eck nere			
ō	00	and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds			29		
Ass	30	Paid-in or capital surplus, or land, building, or e			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		1,868,703.	31	1,997,884.	
Ž	32	Total net assets or fund balances		5,583,665.	32	5,164,109.	
	33	Total liabilities and net assets/fund balances			٠,٥٥٥,٥٥٥٠	33	5,104,109.

Form **990** (2019)

orm	n 990 (2019) BURLING'	TON COMMUNITY	DEVELOPMENT	CORP	03-033	6348	Pag	ge <b>12</b>
Pai	rt XI Reconciliation of Net Asse	ets						
	Check if Schedule O contains a res	ponse or note to any line	in this Part XI		······			
						4.0	` -	0.0
1	Total revenue (must equal Part VIII, colun				1			09.
2	Total expenses (must equal Part IX, colur				2			28.
3	Revenue less expenses. Subtract line 2 f				3			81.
4	Net assets or fund balances at beginning				4	1,86	3,7	03.
5	Net unrealized gains (losses) on investme	ents			5			
6	Donated services and use of facilities				6			
7	Investment expenses				7			
8	Prior period adjustments				8			
9	Other changes in net assets or fund bala	nces (explain on Schedule	e O)		9			0.
10	Net assets or fund balances at end of year	ar. Combine lines 3 throug	gh 9 (must equal Part X, I	ine 32,				
	column (B))				10	1,99'	7,8	<u>84.</u>
Pai	rt XII Financial Statements and	Reporting						
	Check if Schedule O contains a res	ponse or note to any line	in this Part XII					X
							Yes	No
1	Accounting method used to prepare the	Form 990: Cash	X Accrual Ot	her				
	If the organization changed its method of	accounting from a prior y	ear or checked "Other,"	explain in Schedule	e O.			
2a	Were the organization's financial stateme	nts compiled or reviewed	by an independent acco	ountant?		2a		X
	If "Yes," check a box below to indicate w	hether the financial stater	nents for the year were c	ompiled or reviewe	d on a			
	separate basis, consolidated basis, or bo	th:						
	Separate basis Consolid	ated basis 🔲 Both	n consolidated and sepai	rate basis				
b	Were the organization's financial stateme	nts audited by an indeper	ndent accountant?			2b	Х	
	If "Yes," check a box below to indicate w							
	consolidated basis, or both:							
	Separate basis X Consolid	ated basis 🔲 Both	n consolidated and separ	rate basis				
С	If "Yes" to line 2a or 2b, does the organiz	ation have a committee th	nat assumes responsibilit	ty for oversight of th	ne audit,			
	review, or compilation of its financial state		·			2c	Х	
	If the organization changed either its ove							
За	As a result of a federal award, was the or	ganization required to unc	lergo an audit or audits a	as set forth in the Si	ngle Audit			

Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

Х

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

BURLINGTON COMMUNITY DEVELOPMENT CORP

Employer identification number 03-0336348

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(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	vriting that the assets held in donor advis	ed 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		
	for charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing cons	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
Do	organization's accounting for conservation easements.  III Organizations Maintaining Collections of	Art Historical Tracquires or O	thar Similar Assats
Га	Complete if the organization answered "Yes" on Form		ther Similar Assets.
			and belongs shoot works
ıa	If the organization elected, as permitted under FASB ASC 956		
	of art, historical treasures, or other similar assets held for pub		
h	service, provide in Part XIII the text of the footnote to its finan		
ь	If the organization elected, as permitted under FASB ASC 956 art, historical treasures, or other similar assets held for public		
		exhibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items:		. Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea	ecures or other similar assets for financia	
2	the following amounts required to be reported under FASB A		i gairi, provide
			•
a h	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		

	t III   Organizations Maintaining C	collections of A					er S			ts/continu		.ge <b>∠</b>
3	Using the organization's acquisition, accession									<b>L</b> GCOITIII	ieu)	
3		on, and other record	is, crieci	k arry or tire	Tollowing the	it make :	sigi iii	icant u	se oi its			
_	collection items (check all that apply):  Public exhibition	ند.										
a												
b												
C												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
5	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV   Escrow and Custodial Arrange											INU
	reported an amount on Form 990, Par	-	oto ii tiio	organizatio	ni answered	103 01	11 011	11 330,	i ditiv,	iii ic 5, 6i		
1a	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	sets no	t incli	ıded				
	on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement in Part XIII									100		110
_	The root, oxplaint the arrangement in rail value		moving .	idbio.			Γ			Amount		
С	Beginning balance						F	1c		7 41110 41111		
	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo									Yes		No
	If "Yes," explain the arrangement in Part XIII.						-					
Par												
		(a) Current year		rior year	(c) Two year			hree yea	ars back	(e) Four y	ears l	cack
1a	Beginning of year balance	, ,	, ,	•	,,,							
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as:							
а	Board designated or quasi-endowment	·	%		"							
b	Permanent endowment	%	_									
С	Term endowment	<del>//</del> 6										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for t	the o	ganiza	tion	_		
	by:									\	/es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?	) 					3b		
4	Describe in Part XIII the intended uses of the		owment :	funds.								
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered					), Part X	, line	10.				
	Description of property	(a) Cost or c		,	t or other			nulated		(d) Book	value	;
		basis (investr	ment)		(other)	de	preci	ation		4.0.0		-
	Land				2,645.		0.0			492		
	Buildings			4,69	0,385.		885	,60	4.	3,804	,78	<u> 31.</u>
	Leasehold improvements											
d	Equipment											
	Other									1 00=		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)					4,297	, 42	46.

Schedule D (Form 990) 2019

Part VII Investments -		F 000 B	44b 0 - 5 - 900 Bally 5 - 40	
(a) Description of security or categ		on Form 990, Part IV, line (b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or el	nd-of-vear market value
(4) Etamolol destroition		(-,	(0)	
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990	Part X col (B) line 12 )			
Part VIII Investments - I				
	•	on Form 990 Part IV line	11c. See Form 990, Part X, line 13.	
(a) Description of		(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)		(.,	(-)	. ,
(2)	+			
(3)			1	
(4)				
(5)				
(6)			+	
(7)			+	
(8)				
(9)	Doub V. and (D) line 10 )			
Total. (Col. (b) must equal Form 990  Part IX Other Assets.	, Part A, Col. (b) lille 13.)			
	anization analyses d "Vas" .	on Form OOO Dort IV line	11d Con Form 000 Bort V line 15	
Complete ii trie orga		on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(4)	(4)	- CSCTIPTION		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				1
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Format X Other Liabilitie		15.)	······•	<u> </u>
		on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.
	escription of liability			(b) Book value
(1) Federal income taxes				
	OF BURLINGTON			646,675
(3)				
(4)				
(5)				
(6)				1
(7)				
(8)				†
(9)				†
Total. (Column (b) must equal Fo	orm 990 Part X col (R) line	25.)		646,675
			o the organization's financial statement	
			here if the text of the footnote has been	

Schedule D (Form 990) 2019

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BURLINGTON COMMUNITY DEVELOPMENT CORP

**Employer identification number** 03-0336348

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZATION WORKS IN PARTNERSHIP WITH CITY DEPARTMENTS TO SECURE
FINANCING FOR CITY SPONSORED PROJECTS, AND OFTEN HOLDS TITLE TO
PROPERTY FOR REDEVELOPMENT EFFORTS.
FORM 990, PART VI, SECTION A, LINE 8B:
NO COMMITTEES, THEREFORE, NOT APPLICABLE.
FORM 990, PART VI, SECTION B, LINE 11B:
COPY OF THE FORM 990 WILL BE REVIEWED BY THE ACCOUNTANT AND SIGNED BY THE
TREASURER/SECRETARY AND THEN SUBMITTED TO THE IRS. SUBSEQUENT TO THE FILING
OF THE FINAL 990 A COPY OF THE RETURN WILL BE SUBMITTED TO THE ENTIRE
BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
IF THERE IS A CONFLICT OF INTEREST, THE BOARD MUST DISCLOSE THE CONFLICT
WHEN IT ARISES.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST AND THE ORGANIZATION'S WEBSITE.
FORM 990, PART XII, LINE 2C:
THE TREASURER REVIEWS THE 990 BEFORE IT IS FILED. THIS PROCESS HAS NOT
CHANGED FROM THE PRIOR YEAR.

### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BURLINGTON CO	MMUNITY DEVELOPMEN	T CORP				03-03363	48	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Total inco	(e) me End-of-year	assets	Direct c	<b>(f)</b> ontrolling ntity	9
	-							
	-							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or mor	e related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	contr	<b>g)</b> 512(b)(13) rolled :ity?
				501(c)(3))			Yes	No
CITY OF BURLINGTON, VT - 03-6000410  149 CHURCH STREET  BURLINGTON, VT 05401	CITY GOVERNMENT	VERMONT	GOVTL ENTITY					x
	-							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

932161 09-10-19 LHA

Page 2

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.

Organizations treated as a pa	organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(related, unrelated, income end-of-year allocations? anount		amount in box		or Percentage ng ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo	
	1											
	1											
										$\vdash$	_	
	ł											
										₩		
										П		
	1											
	1											
	1											
	l .						I	L				

Part IV 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	(i) ction (b)(13) trolled tity?
		country)		<u>'</u>				Yes	No
									<u> </u>
									<del>                                     </del>
									$\vdash$
									<del>                                     </del>

932162 09-10-19 Schedule R (Form 990) 2019

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
1	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organizations				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat				1n		X
					10		Х
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	_ (b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount inv	olved		
		31 ()					
(1)	CITY OF BURLINGTON, VT	E	3,166,225.	CONFIRMATION			
(2)							
(3)							
(4)							
,							
(5)							
(6)							

Schedule R (Form 990) 2019 932163 09-10-19

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.

(a)	(b)	(c)	(d)	(е	:)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are : partner: 501(c orgs	all s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	ral or	Percentage
of entity		(state or foreign	(related, unrelated, excluded from tax under	501(c orgs	s)(3) s.?	total	end-of-year	alloca	nate itions?	of Schedule K-1	partr	ner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	No	
				Ш					L				
				Ш									

Schedule R (Form 990) 2019