IRS e-file Signature Authorization for an Exempt Organization

			•			
r calendar year 2017, or fiscal year beginning	${ t JUL}$	1	, 2017, and ending	JUN	30	, 20 1 8

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service	► Go to www.irs.gov/Form8879	EO for the latest information.	
Name of exempt organization			Employer identification number
BURLINGTON CO	MMUNITY DEVELOPMENT CORP		03-0336348
Name and title of officer			
BETH ANDERSON			
TREASURER/SEC			
Part I Type of I	Return and Return Information (Whole De	ollars Only)	
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and ea, below, and the amount on that line for the return lank (do not enter -0-). But, if you entered -0- on the	being filed with this form was blank, t	then leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	X b Total revenue, if any (Form 990, F	Part VIII. column (A). line 12)	1b 533,396.
2a Form 990-EZ check he		90-EZ, line 9)	
3a Form 1120-POL check		., line 22)	
4a Form 990-PF check he		come (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here			
Part II Declarat	tion and Signature Authorization of Offi	icer	
further declare that the amintermediate service provides an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected a	empanying schedules and statements and to the be nount in Part I above is the amount shown on the coder, transmitter, or electronic return originator (ERO) of receipt or reason for rejection of the transmission, applicable, I authorize the U.S. Treasury and its desides in the tax preparation stitution account indicated in the tax preparation stitution to debit the entry to this account. To revok nan 2 business days prior to the payment (settlement ic payment of taxes to receive confidential informat a personal identification number (PIN) as my signature electronic funds withdrawal.	opy of the organization's electronic re to send the organization's return to to to send the organization's return to to to the reason for any delay in proce- ignated Financial Agent to initiate and to software for payment of the organizate a payment, I must contact the U.S. th) date. I also authorize the financial it ion necessary to answer inquiries and	eturn. I consent to allow my the IRS and to receive from the IRS essing the return or refund, and (c) electronic funds withdrawal (direct ation's federal taxes owed on this Treasury Financial Agent at institutions involved in the d resolve issues related to the
X I authorize ME	LANSON HEATH AND COMPANY,	PC	to enter my PIN 58859
	ERO firm name		Enter five numbers, b do not enter all zeros
is being filed wit	on the organization's tax year 2017 electronically fi h a state agency(ies) regulating charities as part of the return's disclosure consent screen.		• •
indicated within	the organization, I will enter my PIN as my signature this return that a copy of the return is being filed winter my PIN on the return's disclosure consent scre	ith a state agency(ies) regulating char	
Officer's signature		Date >	
Part III Certifica	ition and Authentication		
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN.	02081785224 Do not enter all zeros	
•	meric entry is my PIN, which is my signature on the ng this return in accordance with the requirements on the security.		-
ERO's signature		Date ▶ 05/	14/19
	EDO Must Datain This Ed	See Instructions	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO MAY 15, 2019

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2017 and ending JUN 30,

_			TTT3T ^	0.0.1.0	·
Α_	For the		_	<u>30, 2018</u>	
В	Check if applicable:	C Name of organization	D Em	ployer identifi	cation number
_					
L	Address	BURLINGTON COMMUNITY DEVELOPMENT CORP			
	Name change	Doing business as		03-0	336348
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Tele	ephone numbe	
	Final return/	C/O CLERK OFFICE 149 CHURCH STREET		(802)865-7019
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gros	ss receipts \$	533,396.
	Amende return	BURLINGTON, VT 05401	H(a) Is	s this a group re	eturn
	Applica tion	F Name and address of principal officer: DETTI ANDERSON	fo	or subordinates	? Yes X No
	pending	SAME AS C ABOVE			ncluded? Yes No
ī	Tax-exe	mpt status: \square 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) ($\boxed{4}$) \blacktriangleleft (insert no.) \square 4947(a)(1) or \square			list. (see instructions)
		WWW.CEDOBURLINGTON.ORG		aroup exemption	
					1 State of legal domicile: VT
		Summary			<u> </u>
	T ₄ ₆	Briefly describe the organization's mission or most significant activities: TO HELP	FURTHE	R THE C	OMMUNITY
Governance	7	AND ECONOMIC DEVELOPMENT OBJECTIVES OF THE C	ITY OF	BURLIN	GTON. THE
nai	2 0	Check this box if the organization discontinued its operations or disposed of r			
Š	3 1			ا ـ ا	5
ဇ	4 1	lumber of voting members of the governing body (Part VI, line 1a) lumber of independent voting members of the governing body (Part VI, line 1b)			5
ళ		otal number of individuals employed in calendar year 2017 (Part V, line 1a)			0
Ę					<u>5</u>
Activities		otal number of volunteers (estimate if necessary)			0.
Ą		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	1 0 1	let unrelated business taxable income from Form 990-T, line 34			
			Pric	or Year	Current Year 0.
ne	8 0	Contributions and grants (Part VIII, line 1h)		153,903.	
é	9 F	Program service revenue (Part VIII, line 2g)	4		527,396.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	<u> </u>
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,000.	6,000.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	159,903.	533,396.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Senefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b T	otal fundraising expenses (Part IX, column (D), line 25)		17 000	200 001
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		317,082.	307,791.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		317,082.	307,791.
		Revenue less expenses. Subtract line 18 from line 12		.42,821.	225,605.
SOC	<u> </u>			of Current Year	End of Year
SSet	20 T	otal assets (Part X, line 16)		32,043.	5,886,755.
Net Assets or	21 T	otal liabilities (Part X, line 26)		39,093.	4,168,200.
		let assets or fund balances. Subtract line 21 from line 20	1,4	192,950.	1,718,555.
	art II	Signature Block			
	•	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	-		y knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any	knowledge.	
		Signature of officer		Date Date	
Sig				Date	
He	re	BETH ANDERSON , TREASURER/SECRETARY Type or print name and title			
		,	l Data	In . I	PTIN
n - '		Print/Type preparer's name Preparer's signature	Date	Check L	
Pai	<u> </u>	SHERYL L. STEPHENS-BURKE,	05/14	1	
	-	Firm's name MELANSON HEATH AND COMPANY, PC		Firm's EIN	02-0354851
US	Only	Firm's address 102 PERIMETER ROAD			2 000 1111
		NASHUA, NH 03063-1301		Phone no. 6 0	3-882-1111
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **990** (2017)

Form	990 (2017) BURLINGTON COMMUNITY DEVELOPMENT CORP 03-0336348 Page	2
	t III Statement of Program Service Accomplishments	<u>-</u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO HELP FURTHER THE COMMUNITY AND ECONOMIC DEVELOPMENT OBJECTIVES OF	
	THE CITY OF BURLINGTON. THE ORGANIZATION WORKS IN PARTNERSHIP WITH	
	CITY DEPARTMENTS TO SECURE FINANCING FOR CITY SPONSORED PROJECTS, AND	
_	OFTEN HOLDS TITLE TO PROPERTY FOR REDEVELOPMENT EFFORTS.	_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X N.	_
		o
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.	_
3	If "Yes," describe these changes on Schedule O.	b
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 296,321 · including grants of \$) (Revenue \$ 527,396 ·)
	REAL ESTATE PROJECTS TO PROMOTE ECONOMIC DEVELOPMENT IN THE BURLINGTON	•
	AREA.	
		_
		_
		—
		—
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		•
		_
		—
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		- ′
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e		_

Form 990 (2017) BURLINGTON C 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)?	1		Х
2	If "Yes," complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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		X
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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G, Part III	19	l .	-22

Form 990 (2017) BURLINGTON COMMUNI Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	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			l
	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			l
	Schedule K. If "No", go to line 25a	24a		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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			
	Part V, line 1	34	Х	
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

tale Enter the number reported in Box 3 of Form 1006. Enter 0-if not applicable 1 to 0		Check if Schedule O contains a response or note to any line in this Part V								
b Enter the number of Forms W2G included in line 1a. Enter 0- If not applicable 1b 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to pitze withenes? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return filed for the calendary rays and grid with the year covered by this return b! If at least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If 'Yes', his if field a form 900 Tor this year If 'Yes', 1s may file dee instructions) 3b If 'Yes', his if field a form 900 Tor this year If 'Yes', 1s movide an availabilist on in Schedule 0 3b If 'Yes', and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If 'Yes', if of the organization that it was or is a party to a prohibited tax shafter transaction at any time during the tax year? 5c If 'Yes,' did the organization that it was or is a party to a prohibited tax shafter transaction at any time during the tax year? 5c If 'Yes,' did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles for male 886 are for the did the organization that was or sharehold contributions? 5c If 'Yes,' did the organization with every solicitation an express statement that such contributions or gifts were not tax deductibles a financial party for goods and services provided? 7c Organizations that may receive deductible contributions under section 17Qc). 8d				Yes	No					
be Enter the number of Forms W-SG included in line 1s, Enter -0 if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withoutings to prize withoutings. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this neturn. By If all least one is reported on line 20, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By If If least one is reported on line 20, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year? If "No," to file 30, provide an explanation in Schedule O by If Yes," has it filed a Form 990-T for this year? If "No," to file 30, provide an explanation in Schedule O the Yes, "has it filed a Form 990-T for this year? If "No," to file 30, provide an explanation in Schedule O the Yes," the state the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a parity to a prohibitote tax shelter transaction at any time during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization and organization file Form 8888-17 Sa Did any taxable party notify the organization file Form 8888-17 Sa Did any taxable party notify the organization file Form 8889 as charitable contributions or gifts were not tax deductible? Programation shall may receive deductible contributions under section 170(c). Did the organization shall explanation file contributions an express statement that such contributions or gifts were not tax deductible? Programation file organization file forms 8889 as required to the payor? Programation shall explanation file forms 8890 as required to the payor and the organization										
2a 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 If at least one is reported on line 2a, did the organization file all nequired federal employment tax returns? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did The Yes, *I has it filed a Form 990-T for this year? If *No,* *To line 3b, provide an explanation in Schedule O 3c A tran ytime during the calendary earl, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account)? 4c A tran ytime during the calendary earl, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 5c If *Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Does the organization appray to a prohibited tax shelter transaction at any time during the tax year? 5c If *Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible? 6c If *Yes,* to line organization that were not tax deductible as charitable contributions? 6c If *Yes,* did the organization benefit excitation and party to goods and services provided to the payor? 7d If *Yes,* did the organization organization that were object to the post of the property of the organization service and payor to the property of the organization service and payor to the property of the orga										
filed for the calendary year ending with or within the year covered by this return. 2a		(gambling) winnings to prize winners?	1c							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? As Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; such as a bank account, securities account, or other financial accountly? 5b If "Yes," enter the name of the foreign country; Implements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c If "Yes," indicate the number of Forms 8282 filed during the year 6c If If yes, and the part of the party funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization receive a payment in excess of \$75 made party as a contribution of quing the year 6c If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098 C? 7d If the organization received a contribution of cars, boats, arplanes,	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	9	Sponsoring organizations maintaining donor advised funds.								
Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
a 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 Section 501(c)(12) organizations. Enter: a 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.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
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: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 15 c Enter the amount of reserves on hand 15c 15 c 15 do										
a 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.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X										
a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 Is the organization licensed to issue qualified health plans in more than one state? 17 Note. See the instructions for additional information the organization must report on Schedule O. 18 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 18 Enter the amount of reserves on hand 19 Did the organization receive any payments for indoor tanning services during the tax year? 19 A X	b									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 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 13c 14a X										
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a										
12a 12a 12a 12b	b									
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	10-		40-							
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X			12a							
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X		· · · · · · · · · · · · · · · · · · ·								
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X			120							
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 c Enter the amount of reserves on hand 13c 14a X	d		ıod							
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Note the organization receive any payments for indoor tanning services during the tax year? 14a X	h									
c Enter the amount of reserves on hand	J									
14a Did the organization receive any payments for indoor tanning services during the tax year?	c									
		Did the second still a second	14a		Х					

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 in 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	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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, or 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 in 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		X
b	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		X
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	
	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	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	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		X
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		
	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
46	X Own website X Another's website X Upon request Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	a tınan	cıal	
00	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 CHIRCH STREET RIBITINGTON 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization n	or any related	orga	aniza	ation	ı coı	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation	compensation	amount of
	week	-	Jer an	iu a u	III ecu	Jiruus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the
	related	96 Or (stee			ısatec		organization (W-2/1099-MISC)	(***-2/1099-101130)	organization
	organizations	truste	al tru		yee	umbei		(** =* **** = *,		and related
	below	Individual trustee or director	Institutional trustee	e.	Key employee	lest co	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) MAYOR MIRO WEINBERGER	1.00									_
PRESIDENT		Х						0.	0.	0.
(2) BRIAN PINE	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(3) BETH ANDERSON	1.00									_
TREASURER/SECRETARY		Х						0.	0.	0.
(4) SHARON BUSHOR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) KAREN PAUL	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(6) KURT WRIGHT	1.00									_
BOARD MEMBER		Х						0.	0.	0.
						\vdash				
						\vdash				
						H				
						1				

732007 11-28-17 Form **990** (2017)

(A)	(B)								(E)			(F)	
Name and title	Average hours per week	box,	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensatio from related		an	timate nount o other	
	(list any hours for related	tee or director	ıstee			ensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS			pensa om the anizati	Э
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relate Inizatio	
		-											
		_											
		_											
		_											
		_											
		<u> </u>											
		_											
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	rt VII, Section A							0.		0.			0.
Total number of individuals (including lacompensation from the organization	out not limited to th								I 0,000 of reportabl				C
3 Did the organization list any former off	icer, director, or tru	uste	e, ke	ey er	nplc	yee.	, or l	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the	ne sum of reportab	le co	omp	ensa	atior	n and	d oth	•	the organization		3		Х
and related organizations greater thanDid any person listed on line 1a receive											4		Х
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Schedul	e J f	or s	uch	pers	son .	<u></u>	<u></u>			5		X
Complete this table for your five higher the organization. Report compensation		-								pens	ation f	rom	
(A) Name and busin)		INC					(B) Description of s		C	(C Compe		า
2 Total number of independent contract	ors (including but r		mito	d to	the	ا می	sted	d ahove) who received n	nore than				
\$100,000 of compensation from the or		.5. 111		G 10		0		. 45576/ 11101000176411	io.o triair				

Form 990 (2017) BURLING
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
our ar		Membership dues	4.					
S, G	С	Fundraising events	1c					
ar,		Related organizations						
imi		0						
rior S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>ဒိ ह</u>	h	Total. Add lines 1a-1f		>				
				Business Code				
e S	2 a	RENT		531190	358,000.	358,000.		
e Z	b	INTEREST ON LOA	NS	900099	169,396.	169,396.		
Program Service Revenue	С							
lev Sev	d							
P. P	е							
Δ.	f	All other program service reve	nue					
\rightarrow	g	Total. Add lines 2a-2f			527,396.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)						
	4	Income from investment of tax		•				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	b							
	С	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
ne	8 а	Gross income from fundraising	g events (not					
Ven		including \$	OT					
Be		contributions reported on line						
Other Reven	h	Part IV, line 18						
₽		Net income or (loss) from fund						
		Gross income from gaming ac		P				
	Ja	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
İ	11 a	MISCELLANEOUS		900000	6,000.			6,000.
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			6,000.			
	12	Total revenue. See instructions.			533,396.	527,396.	0.	6,000.

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 response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 7,000. 7,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 178,725. 174,255. 4,470. 20 Payments to affiliates 21 62,538. 62,538. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 44,710. 44,710. AMORTIZATION 14,818. 14,818. REAL ESTATE TAXES b С d All other expenses е 307,791. 296,321. 11,470. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 32,210 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 1,455,218. 1,352,477. Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 5,183,030. basis. Complete Part VI of Schedule D ______ 10a 760,527. 4,485,041. b Less: accumulated depreciation 10b 4,422,503. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 159,574. 111,775. 15 Other assets. See Part IV, line 11 15 5,886,755. 6,132,043. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,088. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 78,000. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 3,602,332. 3,347,754. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 955,673. 820,446. Schedule D 4,639,093. 4,168,200. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances**

Unrestricted net assets Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Permanently restricted net assets

and complete lines 30 through 34.

5,886,755. Form **990** (2017)

1,718,555.

1,718,555.

1,492,950.

1,492,950.

6,132,043.

27

28

29

30 31

32

33

33

1

2

3

4

5

6

Part XI Reconciliation of Net Assets

7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	1,7	18,5	555.				
Paı	rt XII Financial Statements and Reporting				Х				
	Check if Schedule O contains a response or note to any line in this Part XII								
1									
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		2		x				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?								
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	·							
	review, or compilation of its financial statements and selection of an independent accountant?		20	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audi	t						
	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 requ	ired audi	t						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits								
			For	ո 990	(2017)				

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	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >		o organization doming the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	>	,	g ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		3
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		J / F
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Acceptational and the Course COO. Don't V		

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar A	sset	S (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t are a sig	nificant use o	of its c	ollection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	the organization	on's exem	pt purpose ir	Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered "	'Yes" on F	orm 990, Pa	t IV, li	ne 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia									
	on Form 990, Part X?							Ш	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:						
									Amount	
	Beginning balance						1c			
	Additions during the year									
_	Distributions during the year						1 1			
f O-	Ending balance								V	
	Did the organization include an amount on Fo							. Ш	Yes	∐ No
Pai	t V Endowment Funds. Complete if						 1			
ı aı	Endownient i unus. Complete ii	(a) Current year		rior year	(c) Two year). I) Three years	nack	(e) Four y	pare hack
10	Beginning of year balance	(a) Current year	(b) F	Tior year	(C) Two year	S Dack (C	ij illiee years	Jack	(e) i oui y	tais back
_	Contributions							+		
b								\rightarrow		
	Net investment earnings, gains, and losses							\rightarrow		
	Grants or scholarships Other expenditures for facilities							\dashv		
-										
f	and programs Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end haland	e (line 1	a column (a)) held as:					
a	Board designated or quasi-endowment	crit year eria balane	%	g, coluitii (ajj ricia as.					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment	% %								
·	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the possess		ation tha	at are held a	and administe	red for the	e organization	1		
-	by:	oolon or the organiza	20011 011	at are more t		100 101 1110	organizaciói		Y	es No
	(i) unrelated organizations								3a(i)	110
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	Schedule R?)				3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	l "Yes" on Form 990), Part I\	/, line 11a. \$	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulated		(d) Book	value
		basis (investr	nent)	basis	(other)	depr	eciation			
1a	Land			49	2,645.					,645.
	Buildings			4,69	0,385.	7	60,527.		3,929	, 858.
	Leasehold improvements									
	Equipment									
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10c.)		>	4	1,422	,503.
									- ·-	2001 2047

Combiete ii trie UluariizatiUli ali	swered "Yes" or	n Form 990. Part IN	, line 11b. See Form 99	0. Part X. line 12.	
(a) Description of security or category (including r		(b) Book value			d-of-year market value
Financial derivatives					
Closely-held equity interests					
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
otal. (Col. (b) must equal Form 990, Part X, col. ((B) line 12)				
Part VIII Investments - Program					
Complete if the organization an		S Form 000 Part IV	/ line 11c See Form 00	0 Part V line 13	
(a) Description of investment	iswered res or	(b) Book value			d-of-year market value
• • • • • • • • • • • • • • • • • • • •	+	(2, 230), (2100	(3) 111041104 01		
(1)	+				
. ,					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) otal. (Col. (b) must equal Form 990, Part X, col. ((D) II (O) D				
Other Assets. Complete if the organization an		n Form 990, Part IV	, line 11d. See Form 99	0, Part X, line 15.	(b) Book value
(1)					1
(2)					
(2)					
(2)					
(2) (3) (4)					
(2) (3) (4) (5)					
(2) (3) (4) (5) (6)					
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8)					
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Par	rt X, col. (B) line	15.)		>	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Par			/, line 11e or 11f. See Fo	orm 990, Part X, line 2	5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Par Part X Other Liabilities. Complete if the organization an	ıswered "Yes" or		/, line 11e or 11f. See Fo	orm 990, Part X, line 2.	5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization an (a) Description of	ıswered "Yes" or				5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Par Part X Other Liabilities. Complete if the organization an	iswered "Yes" or liability				5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) DUE TO CITY OF BUR	iswered "Yes" or liability		(b) Book value		5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) DUE TO CITY OF BUR (3)	iswered "Yes" or liability		(b) Book value		5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Par Part X Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) DUE TO CITY OF BUR (3) (4)	iswered "Yes" or liability		(b) Book value		5.
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) DUE TO CITY OF BUR (3) (4) (5)	iswered "Yes" or liability		(b) Book value		5.
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) DUE TO CITY OF BUR (3) (4) (5) (6)	iswered "Yes" or liability		(b) Book value		5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Par Part X Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) DUE TO CITY OF BUR (3) (4) (5) (6) (7)	iswered "Yes" or liability		(b) Book value		5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Par Part X Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) DUE TO CITY OF BUR (3) (4) (5) (6) (7) (8)	iswered "Yes" or liability		(b) Book value		5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Par Part X Other Liabilities. Complete if the organization an (a) Description of (1) Federal income taxes (2) DUE TO CITY OF BUR (3) (4) (5) (6) (7)	iswered "Yes" or liability	n Form 990, Part IV	(b) Book value	•	5.

732054 10-09-17 Schedule D (Form 990) 2017

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 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.

2017 Open to Publi

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 03-0336348

Name of the organization

Department of the Treasury Internal Revenue Service

BURLINGTON COMMUNITY DEVELOPMENT CORP

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 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.

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.

organization desired as a particular year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partner	ownership
		country)		sections 512-514)		455515	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
								<u> </u>	<u> </u>		

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) 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(k contr ent	tion b)(13) rolled tity?
		country)		2				Yes	No
									
	-								
									<u> </u>
								/	<u> </u>

Х

Yes No

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

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 transactions with one or more related 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		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1 g		Х
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related orga				11		X
	Performance of services or membership or fundraising solicitations by related orga				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p	X	
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		X
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
1)	CITY OF BURLINGTON, VT	E	4,168,200.	CONFIRMATION			
2)							
3)							
4)							
5)							
6)							
3216	3 09-11-17			Schedule	R (Fori	ո 990) 2017

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)	(e) Are al partners 501(c) orgs.]	(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)	partners	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentag
of entity		(state or foreign	excluded from tax under	orgs.	(3) ?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes 1		income	assets	Yes	No	(Form 1065)	Yes N	ю
				\vdash	\dashv			+	-		\vdash	
					T							
					\dashv			+				
				\vdash	\dashv			-	\vdash		\vdash	
				\sqcup	ļ						\sqcup	
		I	I .		- 1			1		1	1 1	