0070 75			ture Authorization		DMB NO. USABAGAN
50m 8879-TE			xempt Entity		
	For calumba year 200	21 or involver beginning OCT	1 2021 and author SEP 30	.20 <u>22</u>	2021
Repairment of the Transating			RS. Keep for your records.		LUL!
Passing Revision Inches			379TE for the latest information.		
	ASTERN VE	RMONT COMMUNITY	ACTION,	EIN or SSI	
INC.				03-0	216740
Name and title of officer or 5	erson subject to tax	KATHLEEN DEVLI			
	···	INTERIM EXECUT	IVE DIRECTOR		
Part I Type of	Return and Re	turn Information			
or 10a below, and the am whichever is applicable, that one line in Part I.	ount on that line to	r the return being filled with this 3-). But, if you entered -0- on it	ole dollars only. If you check the box is form was blank, then leave line 11she return, then enter 0 on the applic unn 990, Part VIII, column (A), line 12	o, 25, 35, 45, 56 cable line below	o, 6b, 7b, 8b, 9b, or 10b, Do not complete more
2a Form 990-EZ ch			orm 990-EZ, line 9)		
	check here	6. Total few (Source 1970) Of	and ago-cz, line a)		Sp
4a Form 990-PF che		b total sar (commenced)	DL, line 22)		
	there		ont income (Form 990-PF, Part V, Ilin		4b
			8, line 3c)		5b
	k here		art III, line 4) art III, line 1)		
	here		**		***************************************
	here 🕨		f tax year (Form 5227, Item 0)		8b
					9b
Part II Declara	tion and Signal	ture Authorization of O	ent requested (Form 8038-CP, Part fficer or Person Subject to	t III, time 22)	10b
payment of taxes to receip personal identification our	re confidential infor	mation necessary to answer in	horize the financial institutions invol- iquities and resolve issues related to n and. If applicable, the consent to o	the payment.	l have selected a
PIN: check one box only X Lautholize LE	ONE. MCDO	NNELL & ROBERTS	, P.A.	to anior mu	PIN 05158
izz radindines zaz	OND, HEDDI	ERO firm name		to enter my	Enter five numbers, bu
		SUA HILL HEINE			do not enter all zeros
with a state age on the return's on As an officer or return. If I have	ncy(les) regulating disclosure consent person subject to t indicated within thi	charities as part of the IRS Fer screen. ax with respect to the entity, I	I have indicated within this return the distance program, I also authorize the will enter my PIN as my signature or my is being filed with a state agency between seasons between	a aforementions on the tax year 2	ed ERC to enter my PIN 2021 electronically filed
Signature profices or paragon subje	-	my Fire or the return's disclos	sare consent screen.	i lat	te 🕨
Part III Certifica	tion and Author	entication			~
ERO's EFIN/PIN. Enter ye	our six-digit electroi	nic filing identification			· · · · · · · · · · · · · · · · · · ·
number (EFIN) followed by	your five-digit self-	selected PIN.	920232038 Bo not enter all z		
l certify that the above hu submitting this return in a Business Returns.	neric entry is my P cordance with the	IN, which is my signature on the requirements of Pub, 4163, h	ne 2021 electronically filed return ind Modernized e-File (Mer) Information	dicated above. for Authorized	I contirm that I am IRS e-file Providers for
A 5	A	A	100	21.4	19 9
ÉRO's signatura 🕨 💟 🛰	هادي المصابية المعاملة	- marine	<u>CPA</u> 99te ▶ _	10 1 de de	1000
	······································	EDO Minat Datata Trif	F		·
			Form - See Instructions	D. C.	
			IRS Unless Requested To	DO 20	0070 FF
LITTLY FOR REWARD SICK AND	i Paperwork Hedu	ction Act Notice, see instruc	tions.		Form: 8879-TE (202

102521 91-11-22

Form 8868 Application for Automatic Extension of Time To File an (Rev. January 2022) **Exempt Organization Return** OMB No. 1545:0047 File a separate application for each return. Cepailment of the Treasury Internal Revenue Service Go to www.irs.gov/Form8868 for the latest information. Electronic filling (e-file). You can electronically file Form 9868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Resum for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/o-file-providers/o-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) SOUTHEASTERN VERMONT COMMUNITY ACTION, print 03-0216740 Fire by the Number, street, and room or suite no. If a P.O. box, see instructions. tilluð Asnt 91 BUCK DRIVE interpolities. City, town or post office, state, and ZIP code. For a foreign address, see instructions, WESTMINSTER, VT 05158-9618 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return is For Code Is For Code Form 990 or Form 990 EZ 01 Form 1041-A 08 Form 4720 (Individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 40%)a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 KEVIN BRENNAN The books are in the bare of ▶ 91 BUCK DRIVE -WESTMINSTER. VT 05158-9618 Telephone No. ► 802-722-4575 Fax No. 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this Frequest an automatic 6-month extension of time until AUGUST 15, 2023 . to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ➤ X tax year beginning OCT 1, 2021 _ and ending SEP 30, 2022 Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason; Initiai return Change in accounting period 3a If this application is for Forms 99C-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions, b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions:

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c. Balance due. Subtract line 3b from line 3a, Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

0.

instructions.

Coution: If you are going to make an electronic funds withdrawel (direct debit) with this Form 8868, see Form 8/63-TE and Form 8879-TE for payment

EXTENDED TO AUGUST 15, 2023

Form .990

Preparer

Use Only

Return of Organization Exempt From Income Tax

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

2021
Open to Public
Inspection

Do not enter social security numbers on this form as it may be made public. Lispariment of the Treasury Injame! Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022 B Check if applicable C Name of organization D Employer identification number SOUTHEASTERN VERMONT COMMUNITY ACTION, Arkkass Change INC. ichanue Ichanue 03-0216740 Coing business as (Initial Number and street (or P.O. box if mail is not delivered to street address) Room/sulfa E Telephone number 91 BUCK DRIVE 802-722-4575 24,692,531 City or town, state or province, country, and ZIP or foreign postal code G Gesalesaijta i WESTMINSTER, VT 05158-9618 H(a) is this a group return Apphica-tion F Name and address of principal officer: KEVIN BRENNAN for subordinates? Yes X No SAME AS C ABOVE H(b) An all subordinates included? Yes No 1 Tax-exempt status. X 501(c)(3) 501(s) () 🌂 {insert.no.} 4947(a)(1) or -527 If "No," attach a list. See instructions J Website: WWW. SEVCA. ORG H(c) Group exemption number K Form of organization; X Corporation Trust Other -L Year of formation: 1965 M State of lega: domicile: VT Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ENABLE PEOPLE TO COPE WITH AND REDUCE THE HARDSHIPS OF POVERTY; CREATE SUSTAINABLE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Totál number of individúals employed in calendar year 2021 (Part V, line 2à) 118 6 Total number of volunteers (estimate if necessary) 500 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990:T, Part I, line 11 0. Prior Year **Current Year** 25,005,361 24,009,285. 8 Contributions and grants (Part VIII, line 1b) 9 Program service révenue (Part VIII, line 2g) 628,275. 681,316. 1,930, 17,914. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -5.706. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,645,844. 24,692,531. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12): 19,433,671. 17,545,228. 13 Grants and similar amounts paid (Part ;X, column (A), lines 1-3) 14 Benefits paid to or for members (Part iX, column (A), line 4) 0. 0. 4,060,772. 4,591,799. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional lundraising fees (Part IX, column (A), line 11e) ٥. b Total fundraising expenses (Part IX: column (D), line 25) 2,521,130. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,135,019. 25,629,462 24,658,157. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line:25) 34,374. 19 Revenue lass expenses. Subtract line 18 from line 12 16,382. ξå Beginning of Correct Year End of Year <u>5,861,023</u>. <u>4,906,529.</u> 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 2,150,716. 3,12<u>8,069</u>. 2,732,954. 2,755,813. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under panalties of periony. I declare that I have examined this return, including accompanying schedules and statements, and to the frest of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign. KATHLEEN DEVLIN, INTERIM EXECUTIVE DIRECTOR Here Type or print name and title Date FIIN Print/Type preparer's name SHAUNA BROWN, Pairt sali smolovád P01390350

CONCORD, NH 03301

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name LEONE, MCDONNELL & ROBERTS, P.A.

Firm's address 143 NORTH MAIN STREET, SUITE 234

Firm's EIN > 02-0417217

Phone No. 603-224-7491

X Yes

	SOUTHEASTERN VERMONT COMMUNITY ACTION, 1990 (2021) INC. 03-0216740 Page 2 It III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO BNABLE PEOPLE TO COPE WITH, AND REDUCE THE HARDSHIPS OF POVERTY; CREATE SUSTAINABLE SELF-SUFFICIENCY; AND REDUCE THE CAUSES AND MOVE TOWARD THE ELIMINATION OF POVERTY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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
4	If "Yes." describe these changes on Schedule O. 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, it any, for each program service reported.
4a	(Code:)(Exponses2,700,054. Including grants of S665.) (Newtries313,641.) THE WEATHERIZATION PROGRAM PROVIDES HOME ENERGY AUDITS, HEATING SYSTEM REPAIRS AND REPLACEMENTS AND A FULL SPECTRUM OF ENERGY CONSERVATION IMPROVEMENTS AT NO COST TO LOW-TO-MODERATE INCOME HOUSEHOLDS AND AT A REASONABLE PRICE TO HIGHER-INCOME HOUSEHOLDS ON A FEE-FOR-SERVICE BASIS.
4b	(Code)(Expanses ?1,484,927. including grants of \$) (Pervence \$ 84,542.) HEAD START PROVIDES A FULL SPECTRUM OF COMPREHENSIVE EARLY CHILD DEVELOPMENT AND FAMILY SUPPORT SERVICES FOR PRESCHOOL CHILDREN AND THEIR FAMILIES WITH THE GOAL OF ENHANCING THE SOCIAL COMPETENCE, SCHOOL READINESS AND LATER ACADEMIC SUCCESS OF DISADVANTAGED LOW-INCOME CHILDREN.
4c	(Code)(Expenses 2 18,371,844. including greats of 5 17,192,262.) (Rosenue 2 78,326.) COMMUNITY SERVICES PROGRAMS PROVIDE CRISIS RESOLUTION SERVICES FOR HOUSING, CLOTHING AND FOOD; HOMELESSNESS PREVENTION; HOUSING STABILIZATION; FOOD STAMP OUTREACH; BUDGET COUNSELING; INFORMATION AND REFERRAL; CASE MANAGEMENT SERVICES; AND THE CORONA VIRUS PANDEMIC.
4d	Other program services (Describe on Schedule O.)
750	(Faperises 5 1,060,322. including grants of 2 352,301.) (Revenue 5 204,807.) Total program service expenses ▶ 23,617,147.
	Form 990 (2021)

18220221 759259 18270 224

Form	990 (2021) INC. 03-0216	7.40	Р	age 3
Pa	rt 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)?			
	!f "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B. Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(d), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98:197 If "Yes," complète 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	Die the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		
	amounts not listed in Part X; or provide cradit counseling, debt management, cradit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	<u> </u>
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		X
11	if the organization's answer to any of the following questions is "Yes," then complete Schiedule D, Parts VI, VIII, IX, or X.			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes, * complete Schedule O,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part Vil	11b		X
c	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	116		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	110		<u>X</u> .
e	Did the organization report an amount for other liabilities in Part X, line 25? if "Yes," complete Schedule D, Part X	11e	Х	<u></u>
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	111	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedula D, Parts XI and XII	12a	X	<u> </u>
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D. Parts XI and XII is optional	12b		X
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	ļ	X
ь	Did the organization have aggregate revenues of 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		•	1
	or more? If "Yes," complete Schedule F, Paris I and iV	145		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	:		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ļ
	or for foreign individuals? //. "Yes," complete Schedula F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a7 If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? // "Yes, "	1	1	
	complete Schedule G. Part III	19	<u>į</u>	X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any demestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	Ī

Pai	990 (2021) INC. 03-021 TIV Checklist of Required Schedules (continued)	5/40	P	age 4
	CONTRIDEO)		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	Х	
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 246 through 24d and complete			1000
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on benalf 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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
ħ	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 "Ves." complete			
-	Schedule L. Part!	25b	-	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officet, 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 !!	26		X
27	Die 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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions)	1983	0.1000	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	!		
	*Yes, * complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of any individual described in line 28a? It "Yes," complete Schedule L, Part IV	28b		X
Ċ	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #			
	"Yes," complete Schedule L. Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-pasti 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 figuidate, 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	1		
	Schedule N, Part II	32		X
33	Dio the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Pert I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? if "Yas," complete Schedule R. Part II, III, or IV, and			
	Part V, line 1	34		X
	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, iine 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	# "Yes," complete Schedule R, Part V, line 2	36		X
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	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 197		v	
Par	Note: All Form 990 filers are required to complete Schedule O I V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ь
				11
	Check if Schedule O contains a response or note to any line in this Part V		l Varia	المار
1-	Enter the number reported in box 3 of Form 1096. Enter 0- if not applicable	3	Yes	No
	1)	응		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		1.83
C	Annual Property of the Control of th	111000	X	1
10000		1c		(2021)
12.00	12-09-21	rom	330	CUE

	1 Statements Regarding Other IRS Fillings and Tax Compliance (continued)	0 /40	P	age 3
	(consumpos)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1333	150	NO
	filed for the calendar year ending with or within the year covered by this return 2a 11	B		
h	If at least one is reported on line 2a, did the organization file aft required federal employment tax returns?	-1 :	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to garlle. See instructions.	,	200	particity.
35	Principles a construction for the first of the construction of the	1	1	Х
ь	if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Scriedule O		 	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	. 22	 	
74	financial account in a fereign country (such as a bank account, securities account, or other financial account)?	4a	İ	X
h	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).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party nobty the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8086-T?	5c		
68	Does the organization have annual gross receipts that are normally greater than \$100,000; and did the organization solicit	1-35-	1	
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·		
_	والمائية والمراقع المراقع المر	Вb		
7	Organizations that may receive deductible contributions under section 170(c).	35	10000	Hasaja
а	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		Х
ь	MENTAL AND			 "
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	, 	1-	
•	to file Form 8282?	70		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	3 3	3888	
_	Old the amount of the second of seco	7 _e	Aggreen.	tiggererer r
Ţ		. —	 	
·	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	.		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	33333	1333	38538
	sponsoring organization have excess business holdings at any time during the year?	8	4 1,2000	144.14.1
9	Sponsoring organizations maintaining donor advised funds,			
a	Did the sponsoring organization make any taxable distributions under section 4966?	90	100000	
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96	 	
10	Section 501(c)(7) organizations: Enter:			
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		.	
11	Section 501(c)(12) organizations. Enter:		}	
a	Gress income from members or shareholders 11a			1.12.4
ь	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 fieu of Form 1041?	128		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	29.55		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	T	
	Note: See the instructions for additional information the organization must report on Schedule O.			1888
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		Х
	If "Yoe," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule D	•		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	-	Ī	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1271	122	1
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	X
	If "Yes." complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	1	
	If "Yes, complete Form 6069.	·		
~~~~				

	SOUTHEASTERN VERMONT COMMUNITY ACTION,			
Form	1990 (2021) INC. 03-021	6740	Р	age 0
Ра	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 76 below, and for	a "No" /	escon	se
	to line 9a, 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			
	r i	_ <del>[</del>	Yes	No
1a	and the new of the governing seal at the others, the light year	9		
	If there are material differences in voting rights aniong mambers of the governing body, or if the governing	22.11		******** *******
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
Ġ	Enter the number of voting members included on line 1a, above, who are independent 16	9		
2	Did any officer, director, trustoe, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, trustees, or key amployees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 920 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	76		X
8:	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	emanization's mailing address? if "Yes " provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<del></del>	•••••
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	if "Yes," did the organization have written policies and procedures governing the activities of such 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 filling the form?	11a	Х	
	Describe on Schedule O the process, it any, used by the organization to review this Form 990.			
128		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
-	on Schedule O how this was done	12c	х	
13		13	X	1
14	Did the experience have a waiting decument retention and destruction agains?	14	X	1
15	Did the process for determining compensation of the following persons include a review and approval by Independent			100,000
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	X	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	155	X	t
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See Instructions.	133		E
465	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100		160	1111111	Х
ь.	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- <del>2</del> \
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		455	1000	rani
Sec	exempt status with respect to such arrængements? tion C. Disclosure	16b	1	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed. VT			·
17		2)= ==1.3		h(c
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990-T (section 501(c)) for public inspection, indicate how you made these available. Check all that apply.	ola nuiA)	avant	ŅΨ
4.5	Own website 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	no inar	CIAI	
	statements available to the public during the tax year.			
20	State the came, address, and telephone number of the person who possesses the organization's books and records   EVELTIM REPRIMAN = 9.03-7.03-45.75			
	KEVIN BRENNAN - 802-722-4575			
	91 BUCK DRIVE, WESTMINSTER, VT 05158-9618			

Form 990 (	2021) INC.	03-0216740	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule C contains a response or note to any line in this Part VII		🗔

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

- tal Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization is 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 the 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 (bux 5 of Form W-2, Form 1099-MISC, and/or hox 1 of Form 1099-MEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organiza (A)	(B)			(1	G)			(D)	(E)	(F)	
Name and title	Average	Average Position (do not check more the				li Haari	51.4	Reportable	Reportable	Estimated	
	hours per	500	, unie	ss ptr	rson l	C built	114	compensation	compansation	amount of	
	week		cor on	icy e b	k.e.c.ic	i/kus	tee;	from	from related	other.	
	(list any	3						the	organizațions	compensation	
	hours for	- E	ا مد			물		organization	(W-2/1099-MISC/	from the	
	related	SE SE	13.5		_ ا	25	ŀ	(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	1	120		9	S .	ŀ	1099-NEC)		and related	
	below line)	lativided system of discipr	stiluti	Silva:	90 m	Higgset compensated amployee	Fenne	1		organizations	
(1) STEVE GELLER	40.00	<del> </del> ■	ភ	<u> </u>	-	= 70	2		<del></del>		
executive director (former)		1		X:	1			96,317.	0	20,297	
(2) MARGOT HOLMES	1.00				<del>                                     </del>					00,220	
BOARD MEMBER		X				1		0.	0.	Q.	
(2) MANDY GILES	1.00	-		-	-		$\vdash$	·			
TREASURER	1	x		x		:		0.	0.	0	
(4) THOMAS DOUGHERTY	1.00							<u> </u>		•	
PRESIDENT		X		X.				0.	0.	٥	
(5) CHRISTIAN CRAIG	1.00										
SECRETARY		x		X				0.	0.	٥	
(6) BRANDI GARCIA	1.00									******	
Board Member		X			}			0.	0.	0.	
(7) CAMILLA ARNOLD	1.00							***************************************			
VICE-PRESIDENT		X		X				Ū.	0.	0	
(8) NATE STODDÁRÐ	1.00				1						
BOARD MEMBER		X	Ш				L	0.	0	0	
(9) јейатнай јонизон	1.00									'	
BOARD MEMBER		X						0.	0.	0	
(10) LAURIE GIANTURGO	1.00						-		,		
BOARD MEMBER		X						0.	0.	0	
(11) KEVIN BRENNAN	40.00										
EXECUTIVE DIRECTOR		<u> </u>		X	<u> </u>	<u> </u>		٥.	0.	6	
	1										
		ļ			L	<u> </u>	L				
		1				1					
	<del></del>	-	-			├	-				
		<del> </del>	<del> </del>			1-					
						1					
		ļ		ļ		<del> </del> -					
	<del></del>	1					Ì				
region 3 recents un	<u> </u>	ــــ	لسل	ــــا		٠.		<del> </del>	L	Earn 990 rand	

Form **990** (2021)

SOUTHEASTERN	VERMONT	COMMUNITY	ACTION

Form 990 (2021) INC.	<del> </del>			<del></del> .					03-0	216	740	Pa	ge 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hi	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) (C) Average Hours per Week (do not sheet more line) to the work (distribution and a distribution and a distribution).					ក្រុំមូន។ ទេ សេវាវិ	ן יא ר	(D) Reportable compensation from the	(E) Reportable compensation from related organization	on d	Eştir emo	F) nated unt o trer	f
	hours for related organizations below line)	Individual grustes or detector	Sastlaboral Gustes	Other	Key sorderes	Megastojingansolvi sorblavje	Fistaner	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MI 1099-NEC	sc/	fror organ	n the dzatio relater	on d
					_								
-							<u> </u>						
***************************************							<u> </u>			$\neg$			
<del></del>				<u> </u>	-		<u> </u>			$\dashv$			
		-	-	<del> </del>	-	-	$\vdash$						
<u></u>		-		-									
	1		ļ	_	-	-	L						
***************************************							<u> </u>	06.219					-
Subtotel     Total from continuation sheets to Part VI     d Total (add lines 1b and 1c)	l, Section A			····			<b>A A A</b>	96,317. 0. 96,317.		0.		, 29 , 29	0.
2 Total number of individuals (including but n									000 of reportable			, 4,5	
compensation from the organization											Y	es	Q No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•		-		-	hest compensated emp	•		3 ( )		X
4 For any individual listed on line 1a, is the su	ım of reportabl	s co	mpe	ensa	noite	and	oth	er compensation from t	he organization		4		X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	iccine combei	ıseti	on fi	ronj	any	Unit	elate	ed organization or indivi	dual for services				
rendered to the organization? # "Yes " com Section B. Independent Contractors	inlete Schedul	e <i>J f</i>	oć si	uchi	bers	00		AND A COLUMN TO A			5	1	Х.
Complete this table for your five highest co the organization. Report compensation for	•							•		pensat	tion fron	n .	
(A) Name and business								(8) Déscription of a	-	c	(C) onspens		
WALPOLE VALLEY HEATING LI 123 WALPOLE VALLEY RD, AL		NH	Δ.	36	ΛO			SUB CONTRACT	OP		253	6.9	
23 WILL ONE VIEDEL NO, ME	MI BAD,	1441		<u> </u>	V. 2			DOD CONTINUE	<u> </u>	<del> </del>		,,,,,	
	<del>,</del>									<del>                                     </del>		<u></u>	
							-			$\vdash$			
										<del>                                     </del>			
Thiat number of independent contractors (i	ncludion but n	ot li	nite	d to	the	se lie	teri	above) who received m	ore than	8,20			<del></del>
\$100,000 of compensation from the organi	-					1							

Form 990 (2021)

INC. 03-0216740 Page 9 form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Unrelated Related or exempt Revenue excluded l'otal revenue from tax under function revenue business revenue sections 512 - 514 15 404 Grants 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations 23,565,791 e Government grants (contributions) 1e f. All other contributions, glits, grants, and similar amounts not included above 424 090 Demously contributions included in linear 1s-17 24,009,285 h Total. Add lines 1a-1f Buemess Code 2 m WEATHSRIZATION PROGRAMS 811000 313,641. 313,641 b THRIFT STORE 302 793 45,20:00 202,782. C KRAD START 611710 84 542. 84 542 COMMUNITY SERVICES 624200 89,351 80,351. f All other program service revenue 681 335 g Total. Add lines 2a-21 Investment income (including dividends, interest, and other similar amounts) 1,930. 1,930. income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Persional 6 a Gross rents b Less: rental expenses 🛒 c Rental income of (loss) d Net rental income or (loss) (i) Securities (ii) Other 7: a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7e c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundralsing events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less; direct expenses _____ Net income or (loss) from fundraising events 9 e Gross income from garning activities. See Part IV. line 19 b Less: direct expenses c. Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ e Net income or (loss) from sales of inventory Business Cade d All other revenue Total, Add lines :1a-11d 24,692,531 1,930. Total revenue. See instructions

132000 12-09-21

Form 990 (2021) INC.
Part IX | Statement of Functional Expenses INC. 03-0216740 Page 10

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			7	
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	16,945,353.	16,945,353.		
2	Grants and other assistance to domestic.				
	individuals. See Part IV. line 22	599,875.	599,875.		
3	Grants and other assistance to foreign				
	organizations, icreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	181,461.	150 272	21 100	
P	trustees and key employees Compensation not included above to disqualified	101,401.	150,272.	31,189.	
6	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	3,423,260.	2,834,876.	588,384.	
8	Persion plan accresis and contributions (include	3,123,2001	2,034,070.	300,301.	
	section 401(k) and 403(b) employer contributions)	67,472.	53,938.	13,534.	
9	Other employee benefits	486,086.	373,528.	112,558.	
10	Payroll taxes	433,520.	363,882.	69,638.	
11	Fees for services (nonemployees):				
	Management				
	Legal				
c	Accounting	56,902.	31,587.	25,315.	
	Lobbying				
	Professional functaising services. See Part IV, line 17				
f	Investment management fees				
ઘ	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	90,662.	85,886.	4,776.	
12	Advertising and promotion	31,900.	30,900.	1,000.	
13	Office expenses	121,408.	52,619.	68,789,	
14	Information technology				
15	Royalties			122 212	
16	Occupancy .	337,451.	442,968.	-105,517.	
17	Travel	36,219.	34,169.	2,050.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	E 025		6 036	
20	Interest	6,836.		6,836.	
21	Payments to affiliates	106,153.		106,153.	
22	Depreciation, depletion, and amortization	83,172.	35,430.	47,742.	
23	Other expenses, Itemize expenses not covered	63,112.	33,430.	41,144.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule ().)	000 043	000 040	0.	
Э.	SUBCONTRACT COSTS	889,842. 278,346.	889,842.	0.	
b	PROGRAM MATERIAL PROGRAM COSTS AND SUPPL	179,878.	278,346. 179,248.	630.	
C	VEHICLE	81,525.	79,002.	2,523.	
d	All other expenses	220,836.	155,426.	65,410.	
	Total functional expenses. Add lines 1 through 24e	24,658,157.	23,617,147.	1,041,010.	0
25 26	Joint costs. Complete this line only if the organization	24,000,1071	23,011,141.	1,041,010.	
LO	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check bare It jollowing 50P 98-2 (ASC 958-720)				

132010 12-09-21

Form 990 (2021)

Form 990 (2021) 03-0216740 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1.802.141. 2,995,100. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 1,020,759. 1,080,875. Δ Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 61,036. 112,692. Inventories for sale or use Prepaid expenses and deferred charges 70,198. 260,885. 10a Land, buildings, and equipment; cost or other basis, Complete Part Vt of Schedule D 2,674,251 10a 1,045,495. 1,687,810. 1,628,756. b. Less: accumulated depreciation 10b 10e Investments - publicly traded securities 11 Investments - other securities, See Part IV, line 11 11,952. 14.639. 12 12 Investments - program-related, See Part IV, line 11 13 13 14 Intengible assets 14 Other assets. See Part IV, line 11 15 11,481 15 9,228. 16 Total assets. Add lines 1 through 15 (must equal line 33) 5,861,023. 4,906,529. 16 Accounts payable and accrued expenses 584,658. 723.115.17 17 Grants payable ______ 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 27,133. 18,666. 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 169,156, 163,130. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X 2,347,122. 1,245,805. 25 3,128,069. 2,150,716. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Bolances and complete lines 27, 28, 32; and 33, Net assets without donor restrictions 2,613,093. 2,610,547. 27 Net assets with donor restrictions 119,861. 145,266. 28 Organizations that do not follow FASB ASC 958, check here 🕨 🔛 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid in or capital surplus, or land, building, or equipment fund 30 Retained earnings, andowment, accumulated income, or other funds 31 31 2,732,954 2,755,813. Total net assets or fund balances 32 32 5,861,023. 4,906,529. Total liabilities and not assets/fund balances

Form **990** (2021)

	SOUTHEASTERN VERMONT COMMUNITY ACTION,				
	1990 (2021) INC.	03-02	16740	Pac	_{je} 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	***************************************			<u>i</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		24,692		
2	Total expenses (must equal Part IX, culumn (A), line 25)	2	24,658		
3.	Revenue less expenses. Subtract fine 2 from line 1	3		4,3	
4	Net assets or fund balances at beginning of year (must equal Part:X, line 32, column (A))	4	2,732		
5	Net unrealized gains (losses) on investments	5	-13	1,5	<u> 15.</u>
6	Donated services and use of facilities	6			
7	Investment expanses	7			
8	Phor period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule 0)	9	····		0.
10	Net assets or fund balances at and of year. Combine lines 3 through 9 (must equal Part X, line 32,				
سبيس	column (B))	10	2,759	5,8	<u>13.</u>
Ьŝ	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
			1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accruel Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	: <b>O</b> .			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolicated basis, or both:				
	Separate basis Consolioated basis Both consolidated and separate basis				
b	Were the organization's financial statements auclited by an independent accountant?	··· ··· ··· ·· · · · · · · · · · · · ·	.   2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		HOE	N 1813	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	adulė O.	182		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	~			
	Act and OMB Circular A-133?		. 3a	X	<u></u>
b	If "Yes," clid the organization undergo the required audit or audits? If the organization clid not undergo the requ	ried arrdit			
	or audits; explain why on Schedule O and describe any steps taken to undergo such audits	.,,,,,	Зь	Х	
	· · · · · · · · · · · · · · · · · · ·		Form	990	2021)

SCHEDULE A

Department of the Treasury

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 50 (c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-004!

2021

Open to Public Inspection

hitasa	al Kavea	nde Setvice	>	Gu tu www.irs.go:	//Form990 for instruction	ons and th	e latest ir	iformation.		Inspection
Narr	ie of i	the organizati	on SOUT	HEASTERN V	ERMONT COMMUI	AITY A	CTION	ī,	Employer	identification number
		<u> </u>	INC.						0	3-0216740
	πI				(All organizations must d			ee instruction	15.	
The	organ	ization is not a	i private found	lation hecause it is: ()	For lines 1 through 12; c	heck only i	(.xod sno			
1	11	A church, co	nvention of ch	urches, or essociatio	n of churches described	lin sectio	n 170(b)(1	)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service orga	nization déscribed in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	ri 170(b)(1)(A	Kiii). Enter	the hospital's name,
		city, and state								
5	$\Box$	An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operate	ed by a go	veromental.u	nit describe	d in
		section 170	(b)(1)(A)(iv), (C	Complete Part (i.)						·
6	]	A federal, sta	te, or local go	vemment or governm	nental unit described in :	section 17	'0(b)(1)(A)	(v).		
7	X	An organizati	on that nomia	lly receives a substa-	ntial part of its support f:	от а доче	romentat i	and or from t	ne general p	ublic deściabed in
		section 170(	b)(1)(A)(vi). (C	omplete Part II )						
8		A community	trust describe	ed in section 170(b)(	1)(A)(vi), (Complete Part	t (1,)				
9		An agriculture	al research org	panization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	epellac
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city,	and state of	the college	of
		university:		<u> </u>						
10		An organizati	on that norme	lly receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	is, membersh	ip fees, and	gross receipts from
		acțivities relat	led to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fr	om gross nivestment
		income and u	ınrelated buşir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the org	janization a	fler June 30, 1975,
		See section :	<b>509(a)(2).</b> (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclosi	vely to test for public sat	lety. See :	section 50	9(a)(4).		
12	JJ		-	•	vely for the benefit of to				•	•
				=	d in section 509(a)(1) o				, .	heck the box on
	_	T'	=	= = =	supporting organization				_	
a		•			upervised, or controlled		-			<del>-</del>
					gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting
	<b></b>			complete Part IV, Se						
b	<u> </u>				or controlled in connect					
			-		inization vested in the sa	ame parso	ns that co	itrol or mana	ge the supp	orted
	_	<del>-</del> :		t complete Part IV,						
·C	L				y organization operated				lly entegrale	o with,
	$\overline{}$	·			. You must complete f					A. 4.3
đ					orting organization oper				• .	• '
				<del></del>	alion generally must sat	•			an alientiv	eness
e		-			nplete Part IV, Sections written determination fro	-			ll Time III	
•			_		nally integrated supporti			· Abe i' i Abe	n'i λh <del>a</del> m	
•	Fote									
ď	Prov	ride the followi	ng information	about the supporte	d organization(s).	/	************		414/1111111111111	<b>L</b>
		) Name of supp		(fi) EIN	(iii) Type of organization	ग्रिक्ट कर कर है। जुड़ी 16 क्षेत्र कर के	realien balea Vicarianch on	(v) Ainount u	i morelary	(vi) Aincont of other
		organization	)		(described on lines 1-10 obove isee instructions)	Yes	No	eupport (see i	nstructions)	support (see instructions)
						:				•••••••••••
		<del></del>								
							<b></b>			
				i i i						

Schedule A (Form 990) 2021 I Part (I Support Schedule for	NC. Organizations	Described in	Sections 170	b)(1)(A)(iv) and	03-021 170(b)(1)(A)(v	6740 Page 2		
(Complete only if you checke								
fails to qualify under the test				1		<b>.</b>		
Section A. Public Support					· · · · · · · · · · · · · · · · · · ·			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1 Gifts, grants, contributions, and	(4) 2017	10/ 2010	(C) EUTS	(d) ZCZO	le) zoz i	(i) (Grai		
membership fees received (Do not				1				
include any "unusual grants.")	4886413.	5861472.	7130270.	25005361.	24009285.	66892801.		
2 Tax revenues levied for the organ-		30022727	7230274	230433011	210032031	BOODE OF L		
ization's benefit and either paid to				<b>,</b>				
ur expended on its behalf						}		
3 The value of services or facilities		····						
furnished by a governmental unit to						{		
the organization without charge								
4 Total. Add lines 1 through 3	4886413.	5861472.	7130270.	25005361.	24009285	66892801		
5 The portion of total contributions						000320021		
by each person (other that: a								
governmental unit or publicly								
supported organization) included								
on line 1 shat exceeds 2% of the								
amount shown on line 11,								
column (f)								
6 Public support. Subject line 5 from line 4.						66892801.		
Section B. Total Support	1					DOOD ZOOL.		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7 Amounts from fine 4	4886413.	5861472.		25005361.		66892801.		
8 Gross income from interest,	10001131	JUULIIZE	73302.701	230033011	240038031	OCOJEDUI.		
dividends, payments received on								
securities loans, rents, royalties.								
and income from similar sources	1,193.	12,343.	5,373.	17,914.	1,930.	38,753.		
9 Net income from unrelated business		201242.	273736	-,,,,,,,,,,	1,230.	30,733.		
activities, whether or not the								
business is regularly carried on								
10 Other income. Do not include gain				<del> </del>		<u> </u>		
or loss from the sale of capital								
assets (Explain in Part VI.)	63,009.	20,840.	66,066.	812.		150,727.		
11 Total support, Add lines 7 through 10		20,040.				67082281.		
12 Gross receipts from related activities,	ata dan instruction	rand			40 3	,113,182.		
13 First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	la propositione de difficie de la constitución de l		L	,111,102.		
				-	. ,	. □		
organization, check this box and stored Section C. Computation of Publication	<del>/////////////////////////////////////</del>		<del></del>		***************************************			
14 Public support percentage for 2021 (					14	99.72 %		
15 Public support percentage from 2020					15	00 P4		
16a 33 1/3% support test - 2021. If the								
			•		•			
stop here. The organization qualifies								
b 33 1/3% support test - 2020. If the								
and stop here. The organization qua								
17a 10% -facts-and-circumstances test						,		
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
	b 10% -facts-and-circumstances test - 2020. If the organization-gid not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the							
				-		F		
organization meets the facts-and-circ		-		• • • • • • • • • • • • • • • • • • • •		<b></b>		
18 Private foundation, if the organization	on did not check a	pox an line 13, 16	a, 100, 1/a, or 1/i	o, uneck this box a	nd see instruction			

132022 01-04-22

Sche	idule A (Form 930) 2021 1 rt III   Support Schedule for C	NC . Organizations	Described in S	ection 509(a)	(2)	03-0216	740 Page 3
	(Complete only if you checked	t the box on line 10	of Part Lor if the c	organization failed	te quality under P	art II. If the organiza	tion fails to
Sec	qualify under the tests listed b	elow, please comp	alete Part II.)				
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c):2019	[d] 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gruss receipts from admissions, merchandise sold or service's performed, or techtiles furnished in any activity that is related to the organization's tax-exempt purpose			<del></del>			
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to						
.5	or expended on its behalf The value of services or facilities furnished by a governmental unit to						
	the organization without charge  Total. Add thes 1 through 5						
	Amounts incluided on lines 1, 2, and		<b></b>	·			
ь	3 received from disqualified persons accounts instance on them 2 and 3 received from 6899 than disspection persons dieff encopy) the greater of \$5,000 in 1% of the						
	amount on tine 13 for the year Add times, 7a and 7b,	<b> </b>		<del></del>	<del> </del>	<del> </del>	
	Public support. (Saturation Action by 6.)						
	tion B. Total Support	Ender Military and State of		<u>Proceedings of the constitution of the consti</u>	11/2012/2012	<u>eljana sa aasaan o maal.</u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(4) 2020	(e) 2021	(f) Total
	Amounts from line 6	[22] 2.27 1	1	(1) 10 10	(4) #552	(G) EGE	(17 ) = 1 = 1
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss fron; the sale of capital assets (Explain in Part VI.)						<del>```</del>
	Total support. (Add tinos 9, 105, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	lourth, or fifth tax	year as a section	SD1(c)(3) organizatio	n,
					_		<u></u>
	tion C. Computation of Publ					T 1	
	Public support parcentage for 2021 (		•	column (f))		15	. %
	Public support percentage from 2020					16	%
	tion D. Computation of Inves			12 /0\		17	11/
	Investment income percentage for 20 Investment income percentage from	•			•		<u>'%</u> %
	33 1/3% support tests - 2021. If the		,,	on line 14 and ha		· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a	<del>-</del>					> Tillot
	33 1/3% support tests - 2020. If the		*		• • •		nd
	line 18 is not more than 33 1/3%, che	-					<del>,                                     </del>
	Private foundation. If the organization					· · ·	▶□
13202	3 61-04-22					Schedule A	(Form 900) 2021

Schedule A (Form 990) 2021

INC.

03-0216740 Page 4

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, if historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 30 and 3c below.
- b Did the organization confirm that each supported organization qualified under section \$01(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) ourposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type t or Type ti only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? if "Yes," provide detail in Part VI.
- 7 Did the organization provide a gram, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part t of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part Vt.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		******	
!		4114	exik.
	1		
			37.17
	9-2003	Pittin i	ar i ar i
	2		
	33		
			14(515)·
	1343461		167161
	3b		
			ren en
	3c	37.5.2.7	
		\$ 11 E	
	4a		
		MET PER	WEEK N
	4b		<del></del> .
		14,14	S. Order
	4c	2222	فعديت
	British .		
	5a		
	5b		
	<u> </u>		
	<b>90</b>	332333	161 X 1
		(10 mm)	1000
	- 5		1755
;			
	7		
	::::::::::::::::::::::::::::::::::::::	144 1464	H881111
	8		
	Children Control		
		,	r Pir sasa s
	ya .	1 2 2 2 2 2	
	მხ		L
	[*: ::::::	1	1781361
	9c	1775 S	a d'a distri
	· ·	1	
	10я	11311	10.00
	\$74E E		<b>1</b>
	10b		<u> </u>
oule	A (Fore	in 9901	2021

182024-01-04-21

Schedule A (Form 990) 2021

Cahe	SOUTHEASTERN VERMONT COMMUNITY ACTION, edule A (Form 990) 2021 INC. 03-	021674	0 5	<b>÷</b>
	rt (V Supporting Organizations (continued)	021073	<u> </u>	age 5
	(CONTRACT)		T	<del>, ,</del>
44	Has the aggregation recreted a gift of contribution from any of the following marrows?	CENTER.	Yes	No
11	Has the organization secepted a gift or contribution from any of the following persons?	20000000 13000020		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	fifit ef	Perm	
	11c below, the governing body of a supported organization?	11a	ļ	<del> </del>
	A family member of a person described on line 11a above?	115	20.00	ļ.,,,,,,
Œ	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	. 200,000 20	jagga)	
SAC	detail in Part VI. tion B. Type I Supporting Organizations	11c		L
	abit b. Type r Supporting Organizations		r	· · ·
		processor.	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? if "No," describe in Part VI now the supported organization(s)	1000000		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	*****	
2	Did the organization operate for the benefit of any supported organization other than the supported			<b>.</b>
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported groanization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
,			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a bopy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	٦	1	
2	Were any of the organization's officers, directors, or trustees either () appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		1
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		200	1000
_	significant voice in the organization's investment policies and in directing the use of the organization's	3023030		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	<del>*</del>	3		Danish C
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		<b>.</b>	
1	Check the box rext to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction	and the second		
a	The organization satisfied the Activities Test. Complete line 2 below.	mə _l .		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
Ċ		_ 1	•	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se Activities Test. Answer lines 25 and 25 below.	e instructioi		T _{KL}
		366666	Yes	No
-3		2000 C		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		]	
	how the organization was responsive to those supported organizations, and how the organization determined	10.000	1	10000
	that these activities constituted substantially all of its activities.	2a	10 mm	10.000
,b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			1
	une or more of the organization's supported organization(s) would have been engaged in? If "yes," explain in		1	1000
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	W120	paris	
	these activities but for the organization's involvement.	26	1	<b></b>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	S S L		
	trustees of each of the supported organizations? It "Yes" or "No" provide details in Part VI.	Зя	ļ	<del> </del>
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		100	1
	of its supported organizations? If "Yes " describe in Part VI the released by the proportion in this record	36	1	1

132026 01-04-22

Sch	edule A (Form 990) 2021 INC.	an Oran	nizations 0	3-0216740 Page 6
	rt V. Type III Non-Functionally Integrated 509(a)(3) Supporting		<del></del>	- 4 x 14 / 5 · · · · · ·
1	Check here if the organization satisfied the integral Part Test as a qualifying		•	Part VI). See instructions.
Sec	All other Type III non-functionally integrated supporting organizations mustion A - Adjusted Net Income	st complet	(A) Prior Year	(B) Cufrent Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depraciation and depletion	5		
6	Portion of operating expenses paid or incurred for production of			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	ia		
b	Average monthly cash batances	1b		
_ c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1e, 1b, and 1c)	td		
e	Discourt claimed for blockage or other factors			
	lexplain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exampt-use assets	2		
3	Subtract line 2 hom line 1rt.	3		
4.	Cash dearned held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
. 5	Net value of non-exempt use assets subtract line 4 from line 3)	5		
6	Multiply line 5 by 0,035.	6		,
.7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C Distributable Amount			Current Year
<u> </u>	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of fine 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emargency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	illy integra	rted Type III supporting orga	nization (see
	instructions).	- <del>-</del>		·

Schedule A (Form 990) 2021

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	edule A (Form 990) 2021 INC. IT V Type III Non-Functionally Integrated 509	(a)(2) Supporting Orga		0	3-0216740 Раде 7
شنسا		(a)(a) Supporting Orga	mzations (continu	ed)	
<u>5ec</u>	ion D - Distributions  Amounts paid to supported organizations to accomplish exe	and a war and		_	Current Year
2	Amounts paid to perform activity that directly furthers exemp			1	
2	organizations, in excess of income from activity	or purposes or supported		_	
3	Administrative expenses paid to accomplish exempt purpos	ee of europarted promiserions		<u>2</u>	
4	Amounts paid to acquire exempt use assets	es or supported organizations		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	evido detale in Dark VIV		5	
<del></del> -	Other distributions (describe in Part VI). See instructions.	Ovide details in Fact VII		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	tie otoanization is responsive		•	
	lotovicie details in Part VI). See instructions.	no orga szapor is rosponoro		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10.	Line 8 amount divided by line 9 amount	***************************************		10	<del></del>
Sect	ion E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistribution Pré-2021		(lii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required explain in Part VI). See instructions.				
3	Excess distributions carryever, if any, to 2021				
8	From: 2016				
<u>b</u>	From: 2017				
c	From 2018				
d	From 2019				
е	From 2020				
	Total of lines 3a through 3e				
_ 9	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
1	Carryover from 2016 not applied (see instructions)			32.80	
i_	Remainder, Subtract lines:3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D.				
	line 7: \$				
	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, exolain in Part VI. See instructions.				
6	Remaining underdistributions for 2021, Subtract lines.3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
$\overline{}$	Excess from 2019				
	Excess from 2020			نبنن	
ę	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 980) 2021	SOUTHEASTERN INC.	VERMONT	COMMUNITY	ACTION,	03-0216740 8	A eus ^t
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1: Part IV, Section D,	mation. Provide the expl 2, 3b, 3c, 4b, 4c, 5a, 6, 9a lines 2 and 3; Part IV, Secti 8; and Part V, Section E, lin	i, 95, 96, 11a, 11 on E, lines 1c, 2	lb, and 11c, Part IV, a. 2b, 3a, and 3b; P	, Section B, lines 1 art V, line 1: Part V,	17b; Part III, line 12; and 2; Part IV, Section C Section 8, line 1e; Part V	
		<del>*************************************</del>					77.1.
	P-1-20-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-						
	······································	******************************	<del> </del>				
		<del></del>					
			***************************************	******			
					•••••		
					<del></del>		
				***************************************			
سند خطعار مياوس بي بروس							
<del></del>						~ <del>~</del>	
	······································						
		· · · · · · · · · · · · · · · · · · ·	***	***************************************	·····		
<u></u>							
<del> </del>	***************************************	==*************************************	<del></del>				•
			······································			·····	
		<del> </del>					
<del></del>		<del></del>			<del></del>		
			<del></del>				

# Schedule B

(Form 990)

Crapartment of the Treasury Internal Hovenie Service

## Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

SOUTHEASTERN VERMONT COMMUNITY ACTION,

03-0216740

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF \$01(c)(3) exempt private foundation 4947(a)(1) nonexampt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule of a Special Rule.

Note; Only a section 501(c)(7). (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Fluie

🔲 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 17G(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, fine 1. Complete Parts Fand II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(f), (8), or (10) filting Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc... purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received pariexclusively religious, charitable, etc., contributions tetaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Fluies doesn't file Schedule 3 (Form 990), but it must onswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 996-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of o	B (Form 990) (2021) rganization	<del></del>	Page Employer identification number
	EASTERN VERMONT COMMUNITY ACTION,		0.3. 0.66.68.4.6
INC.			03-0216740
Pert I	Contributors (see instructions), Lise duplicate copies of Parit if add	itional space is needed.	
(e)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 US DEPARTMENT OF HEALTH & HUMAN	Total contribution	s Type of contribution
1	SERVICES		Person X
			Payroll
	200 INDEPENDENCE AVE SW	s <u>1,078,5</u>	
	WASHINGTON, DC 20201		(Complete Part II for nencash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 STATE OF VERMONT DEPARTMENT FOR	Total contribution	Type of contribution
2	CHILDREN AND FAMILIES		Person X
		_	Payroll
	101 STATE STREET	\$3,158,30	
,	MONTPELIER, VT 05602		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 STATE OF VERMONT AGENCY OF COMMERCE	Total contribution	Type of contribution
3	AND COMMUNITY DEVELOPMENT		Person X
	101 GRANG GEOGRA	17 224 6	Payroft
	101 STATE STREET	s <u>17,310,6</u>	13. Noncash (Complete Part II for
	MONTPELIER, VT 05602		noncash contributions.)
	A. I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
	· · · · · · · · · · · · · · · · · · ·		Person
		\$	Payroll Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(a)
No.	Name, address, and ZIP + 4	Total contribution	
			,,
		<del></del>	Person Payroll
1		\$	Noncash
			(Complete Part II for
		<b>—</b>	noncesh contributions.)
(a)	(b)	(c)	(d)-
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
			Person
<u> </u>			Payroll
		a	Noncash [11]
			(Complete Part II for noncash contributions.)

123452 14-17-24

	3 (Form 990) (2021)		Page 3
	rganization		Employer identification number
SOUTHI INC.	EASTERN VERMONT COMMUNITY ACTION,		03-0216740
	Alamanah Guananda /	1.0.7	
Part II	Noncash Property (see instructions); Use duplicate copies of Part II if	additional space is needed	1.
(a) No. from Part I	(b) Description of nuncash property given	(c) FMV (or estimate (See instructions	
<u>_</u>			
	······································	\$	
(a) No. trom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		3	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or eqtimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimat (See instructions	. Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimat (See instructions	Data conciund
		\$	

ne of organ	orm 990) (2021) nization		Employer Identification num					
_	STERN VERMONT COMMUNIT	Y ACTION,						
Ċ.			03-0216740					
¹⁹²⁸ ं <b>1</b>	om any one contributor. Complete columns (a empleting Part III, effectivel of exclusively recolous,	through (e) and the following line entry. For charitable, etc., contributions or \$1,000 or less !	i 501(c)(7), (8), or (10) that total more than \$1,000 for the or organizations for the year. (feist basistic secs.) \$					
No.	Ise duplicate copies of Part III if additional	space is needed.						
om art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
		(e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
No.			<u> </u>					
om arti	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-   -	· · · · · · · · · · · · · · · · · · ·							
	(e) Transfer of gift							
-	Transferee's name, address, ad	nd ZIP + 4	Relationship of transferor to transferee					
No. om of I	(b) Purpose of gift:	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
_								
-		<del>, , , , , , , , , , , , , , , , , , , </del>						
om .	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Nio. om ort i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
om [	(b) Purpose of gift  Transferee's name, address, a	(e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee					

128454 (1-17-21

# SCHEDULE D

(Form 990)

Department of the freezieve internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, tine 6, 7, 8, 8, 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

OMS No. 1545-0047

	INC.	ONT COMMUNITY ACTION,	Employer identification number 03-0216740
Pa	Organizations Maintaining Donor Advis		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, I		If N Complex and publications are according
	<b></b>	(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 are the organization's property, subject to the organization'		
G	Did the organization inform all grantees, donors, and donor	radvisors in writing that grant funds can be us	ied only
	for charable purposes and not for the bonetit of the donor	r or donor advisor, or for any other purpose co	nterring
	impermissible private beriefit?		Yes No
Pa	Conservation Easements. Complete it the complete it the conservation to the conservation of the conservati	organization answered "Yes" on Form 990, Pa	rt tV, line 7.
t	Purpose(s) of conservation easements held by the organiza	ation (check all that apply).	
	Preservation of land for public use (for example, recre	eation 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 fines 2a through 2d if the organization held a qua	alified 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
ь			1 1
c	Number of conservation easements on a certified historic s		· · · · · · · · · · · · · · · · · · ·
	Number of conservation easements included in (c) acquired		
_	listed in the National Register	·	
3	Number of conservation easiments modified, transferred, r		
•	year >		
4	Number of states where property subject to conservation e	easement is located >	
5	Does the organization have a written policy regarding the p		
	violations and enforcement of the conservation easements	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
•		g,	,,,,,,,, .
7	Amount of expenses incurred in monitoring, inspecting, has	ndling of golstions, and enforcing consequation	n assements during the year.
,	S	runing of violations, and emploring conservation	in easements during the year
8	Does each conservation easement reported on line 2(d) abo	ove esticks the requirements of section 170/bit	AVENG)
٥	** *		
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva		
9	•	•	
	balance sheet, and include, if applicable, the text of the foo		ts that describes the
D ₌	organization's accounting for conservation easements.  **III   Organizations Maintaining Collections	of Art. Historical Transumes or Oth	ar Similar Accate
6.0			ei onmai Assets.
	Complete if the organization answered "Yes" on For	····	
1a	If the organization elected, as permitted under FASB ASC 9	• •	
	of art, historical treasures, or other similar assets held for p		
	service, provide in Part XIII the text of the footnote to its fin		
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for pub	dic exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items:		_
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets Included in Form 990, Part X		• •
2	If the organization received or held works of art, historical t	treasures, or other similar assets for financial g	
	the following amounts required to be reported under FASB	S ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII. line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2021

Schedule D From 900 (2015 TNC.    Part III   Organization Ministration Collections of Art, Historical Treasures, or Other Similar Assets (continued)			STERN VERM	TMO!	COMMUN	ITY AC	NOI,					_
3 Lishig the organization's acquisition, accession, and other records, check any of the following that make algorificant use of by a collection from (sheet) at that apply;  a		dule D (Form 990) 2021 INC.	Sanasasana aa A		-3C <del>-</del> -3		- X.,.	<u> </u>	03-02	16740	)	2 ₂₀₆ 2
collection frame (circle stat hat apply): a	L									(contin	ued,	<u> </u>
a	3		ion, and other record	ds, check	any of the	following tha	t maka si	aniticanț	use of its			
b Scholarly research  Peaservation for the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Diving the year did the organization solicit receive donations of art. historical treasures, or other similar assets to be seld to role for their than to be grainfaced as and of the programation's other similar assets. The provided an organization from 190 Part IV, line 21.  Tal Is the organization an agent, brustee, outstoddial Arrangements. Complete, if the organization answered "Yee" on Form 990, Part IV, line 9, or reported an organization from 990, Part IV, line 21.  Tal Is the organization an agent, brustee, outstoddial or other intermediary for contributions or other assets not included on Form 990, Part IV, line 21.  Tal Is the organization and separate in Part XIII and complete the following table:  Amount  tell 27,1133.  Amount  tel		****		. ;3								
c	-	F1										
4 Provide a description of the organizations collections and explain how they further the organizations seemed purpose in Part XIII.  5 During the year, did the organizations collection and explain how they further the organizations.  5 Depart VI Exercise and Gustodial Arrangements. Complete if the organization's collection?  1 The organization analyses of the organization of the organization analyses of the organization analyses of the organization			•	e	Upiter	·····						
5 During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to be solid to aside houts carber train to be maintained as part of the organization apswered "Yes" on Form 990, Part IV, line 9, or reported an amount or Form 990, Part IV, line 9, or reported an amount or Form 990, Part IV, line 9, or reported an amount or Form 990, Part IV, line 9, or reported an amount or Form 990, Part IV, line 9, or reported an amount or Form 990, Part IV, line 9, or reported an amount or Form 990, Part IV, line 11.  It is the organization an agent, trustee, substoan or other intermediary for contributions or other assets not included on Form 990, Part IV, line 11.  It is 18 656 1.  It is 18 656 1.  Amount										3 Saul		
Does sold to false founds rether than to be meintened as part of the organization's collection?	-								se in Part	X31.		
Part W   Escrow and Custodial Arrangements. Complete if the organization an asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. In 1s the organization an agent, trustice, justodian or other intermediary for contributions or other assets not included on Form 990, Part XV?    It is the organization and agent, trustice, justodian or other intermediary for contributions or other assets not included on Form 990, Part XV?   It is 1s yes, "explain the arrangement in Part XIII and complete the following table:   Beginning bulance	5								F	٦,,,	۲	·· ₁
Tall is the organization in agent, function, usatodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following lable:  c Beginning belance  c Beginning belance  d Additions during the year  d Id  e Distributions during the year  f Id  c Distributions during the year  f Id  d Beginning oblance  2 Forting belance  2 Fit 18, "explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII 18, 666. 2  2 Fit 19, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Part Y   Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part IX, line 10.    Part Y   Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part IX, line 10.    Part Y   Endowment Funds are the search of	Pol											No
Tall is the arganization an agent, trustee, outdodien to other intermediary for contributions or other assets not included on Form 990, Part X?  □ 14  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15  □ 15				iece a rije	rorganizani	nu mizweten	J. Sé. OU	Látul sar	o, Part IV, :	inie a' ói		
on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  1e 27, 133.  Id 27, 133.  Id 36, 467.  Fording balance  Distributions during the year  1e 8, 467.  Fording balance  2a fild the organization include an amount on Form 990, Part X, line 21, for excrose or custodial account liability?  X Yes No Prives, explain the arrangement in Part XIII, Check here it the explanation has been provided on Part XIII.    Part X   Endowment Funds. Complete if the organization answered "vis" on Form 990, Part IV, line 10.    Part X   Endowment Funds. Complete if the organization answered "vis" on Form 990, Part IV, line 10.    Part X   Endowment Funds and losses   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years bac	ia			fiany for r	contribution	19 Or Other as	sets not in	roluned				
b if "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  1d				-					<u> </u>	Vec	[3	CNo
d Additions during the year  e Distributions during the year  fig. 27,133.  d Additions during the year  fig. 27,133.  for thing balance  Distributions during the year  fig. 8,467.  for thing balance  fig. 8,467.  for the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  For I is a find the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  For I is a find the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  For I is a find the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?  For I is a find a find the arrangement in Part XIII, Check, here if the explanation has been growled on Part XIII  Beginning of year balance  [a] Current year  [b] Prior year  [c] Two years back  [c] Two years back  [d] Three years back  [d] Three years back  [d] Three years back  [e] Four years back  [d] Three years back  [e] Four years back  [d] Three years back  [d] Three years back  [e] Four years back  [f] Four years  [f] Four years  [f] Four years  [f] Four years  [f]	h	li "Yes " explain the arrangement in Part XIII	and complete the fo	ilhowina t			) - 1 ¹ 0,-0000.			_, ,23	1.5	-110
d Additions during the year  e Distributions during the year  1 E Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2 Yes No	-	in the angle of the state of th	and somplished the re	waren egy e				ſ		Amount		
d Additions during the year  e Distributions during the year  1 E Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2 Yes No	e	Bedinnino balance						1e		2.7	7.1	33.
e Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  1 I 18, 666.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2 Yes  No  3 Part V.  2 Part V.  2 Endowment Funds. Complete if the organization has been growided on Part XII.  2 Beginning of year balance  [a) Current year [b) Prior year [c) Two years back [d] Three years back [e) Four years back [e) Four years back [e) Four years back [e] Two years back [e] Three years back [e] Four years back [e] Two	d	Additions during the year	*************	• • • - •	rait, exista e come o co	*** *** *** ***	101 444 441 41	1d				
1   18,666.2     20   10   10   10   10   10   10   10											3.4	67.
2a 0if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b if "Yes," explain the arrangement in Part XIII. Check here if the osplanation has been provided on Part XIII.  Part V:  Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  [a] Current yeer [b) Prior year [c] Two years back [d] Three years back [e) Four years back.  [b] Contributions [c] Note the estimated percentage of the current year and balance (fine 1g, column (a)) held as:  a Seard designated or quasi-endowment.  B Permanent endowment   1/2   1/2    The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization of the organizations (ig) Related organizations (ig) Related organizations answered "Yes" on Form 990, Part X, line 10.  Describe in Part XIII the Intended uses of the organization's endowment Equipment.  Complete if the organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part XIII the Intended uses of the organization's endowment Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Land buildings 2a, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	1											
Part V Endowment Funds. Complete if the explanation has been provided on Part XIII.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Ia Beginning of year balance   Ia Current year   Ia Prior year   Ia   Ia   Ia   Ia   Ia   Ia   Ia	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or c	ustodial acco	unt liabik	v?	X			~~~~
Test   Beginning of year balance   Courtifibutions   Courtifibut								*****	,,			
Test   Beginning of year balance   Courtifibutions   Courtifibut	Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Parl	IV, line 1	0.				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and excigrams f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year and balance (fine 1g, column (a)) held as: a Soard designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Yes No 3a(ii)  b If Yes' on line 3a(ii), are the related organizations listed as required on Schedule 5? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part Vel' Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land  b Buildings 2,071,453,617,217,1,454,236. c Leasehold improvements d Equipment 602,798,428,278,174,520. pother  Total, Add lines 1a through 1e. (Column (e)) must equal Form 990, Part X column (ii) line 10c. ▶ 1,628,756.			(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	year	s bačk
c Net investment samings, gains, and losses d Grants or scholdraships e Other expenditures for facilities and programs  1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: 3 Soard designated or quasi-endowment.    3 Soard designated or quasi-endowment.    5 Permanent endowment    5 Yes  The periteritages on lines 2a, 2b, and 2c should equal 100%. 3a are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Flelated organizations (iii) Flelated organizations (iii) Flelated organizations (ives in Part XIII the intended uses of the organization's endowment funds.  Pairt VIII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land  b Buildings  2,071,453,617,217,1,454,236.  c Leasehold improvements d Equipment  602,798,428,278,174,520.  Total, Add lines 1a through 1e. (Column (t) must equal Form 990, Part X, column (8), line 10c.)  1 1,628,756.	1á	Beginning of year balance										
c Net investment samings, gains, and losses d Grants or scholdraships e Other expenditures for facilities and programs  1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: 3 Soard designated or quasi-endowment.    3 Soard designated or quasi-endowment.    5 Permanent endowment    5 Yes  The periteritages on lines 2a, 2b, and 2c should equal 100%. 3a are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Flelated organizations (iii) Flelated organizations (iii) Flelated organizations (ives in Part XIII the intended uses of the organization's endowment funds.  Pairt VIII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land  b Buildings  2,071,453,617,217,1,454,236.  c Leasehold improvements d Equipment  602,798,428,278,174,520.  Total, Add lines 1a through 1e. (Column (t) must equal Form 990, Part X, column (8), line 10c.)  1 1,628,756.	6	Contributions										
e Other expenditures for facilities and programs  1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year and balance (fine 1g, column (a)) held as: a Soard designated or quasi-endowment.												
# Administrative expenses g End of year belance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Spard designated or quasi-endowment.  ## Permanent endowment   %  C Tenn endowment   %  The pericentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  5i) Related organizations  5ii) Related organizations  5ii) Related organizations  5ii) Related organizations  6iii) Related organizations  7 Yes No  3a(ii)  3a(ii)  3a(ii)  3a(ii)  3a(ii)  5ii) Related organizations  5iii) Related organizations  6 Part VII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land  b Buildings  2 , 071 , 453 , 617 , 217 , 1 , 454 , 236 .  c Leasohold improvements  6 Equipment  6 02 , 798 , 428 , 278 , 174 , 520 .  e Other  Total. Add lines 1a through 1e. (Column (c) must equal Form 990, Part X column (8), line 10c .  1 1 , 628 , 756 .	d	Grants or scholarships										
a Soard designated or quasi-endowment.    Permanent endowment    White the estimated percentage of the current year end balance (fine 1g, cokumn (a)) held as:  Soard designated or quasi-endowment.    White the permanent endowment.    White the permanent endowment.    White the percentages on lines 2g, 2b, and 2c should equal 100%.  Saa Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Helated organizations (iii) Fielated organizations (iii) Fielated organizations (iii) Fielated organizations (iii) In 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule 5?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings 2,071,453,617,217,1,454,236. c Leasehold improvements 602,798,428,278,174,520. e Other  Total Add lines 1a through 1e. (Column (a)) must equal Form 990, Part X column (ii) line 10c.  1 1,628,756.							- [					
a Soard designated or quasi-endowment.    Permanent endowment    White the estimated percentage of the current year end balance (fine 1g, cokumn (a)) held as:  Soard designated or quasi-endowment.    White the permanent endowment.    White the permanent endowment.    White the percentages on lines 2g, 2b, and 2c should equal 100%.  Saa Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Helated organizations (iii) Fielated organizations (iii) Fielated organizations (iii) Fielated organizations (iii) In 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule 5?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings 2,071,453,617,217,1,454,236. c Leasehold improvements 602,798,428,278,174,520. e Other  Total Add lines 1a through 1e. (Column (a)) must equal Form 990, Part X column (ii) line 10c.  1 1,628,756.		and oregrams										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Soard designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  5b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VIII Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation basis (investment) basis (other) depreciation  1a Land  b Buildings  2,071,453,617,217.1,454,236.  c Leasehold improvements  d Equipment  602,798.428,278.174,520.  e Other  Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (i3), line 10c.)  1 1,628,756.	Ť			<u></u>								
a Soard designated or questiendowment.  b Permanent endowment  c Tenn endowment  %  The percentages on lines 2s, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Flelated organizations (iii) Flelated organizations (iii) Flelated organizations (iii) Flelated organizations (iii) Flelated part XRI the intended uses of the organization's endowment funds.  Part VI: Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 950, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land  b Buildings 2, 071, 453, 617, 217, 1, 454, 236, c Leasehold improvements d Equipment 602,798, 428,278, 174,520, e Other  Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X column (B), line 10c)  > 1, 628,756.	.g	End of year balance										
b Permanent endowment  %  c Term endowment  %  The pertentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Fleated organizations (iii) Fleated organi	2	Provide the estimated percentage of the cur-	rent year end balanc	e (line 1ç	j, cokimo (a	ı)) held as:						
The percentages on lines 2s, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Felated organizations (iii) Felat	а	Spard designated or quasi-endowment.		%								
The percentages on lines 2s, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Felated organizations (iii) Felat	ь	Permanent endowment										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related orga	c	Tenn endowment	%									
by:   Complete if the organization answered "Yes" on Form 990, Part X, line 10.   Description of property   (a) Cost or other basis (investment)   basis (investment)   basis (other)   c basehold improvements   c basehold improvements   c basehold improvements   c basehold improvements   c basehold interest	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
(ii) Flelated organizations (iii) Fleated	За	Are there endowment funds not in the posse	ission of the organiz	ation tha	t are held a	nd administe	red for the	e oiganiz	ation	_		
Fig.   Fleated organizations   Sa(ii)     b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule Fi?   4		-by:									Yes	No
Fig.   Fleated organizations   Sa(ii)     b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule Fi?   4		(i) Unrelated organizations					.,		****	3a(i)		
b. If "Yes" on line 3alii), are the related organizations listed as required on Schedule R?  4. Describe in Part XRI the intended uses of the organization's endowment funds.  Part VI: Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other depreciation  1a Land  b Buildings  2,071,453, 617,217. 1,454,236.  c Leasehold improvements  d Equipment  602,798. 428,278. 174,520.  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1 1,628,756.		(ii) Related organizations		• • • • • • • • • • • • • • • • • • • •		***********			***   ****** **	3a(ii)		
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Fart IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  2,071,453,617,217.1,454,236.  c Leasehold improvements  d Equipment  602,798.428,278.174,520.  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X column (B), line 10c.)  1,628,756.	b	If "Yes" on line 3alii), are the related organiza	itions listed as requi	red on S	chedule Fi?					3b		<u> </u>
Complete if the organization answered "Yes" on Form 990, Fart IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  2,071,453, 617,217, 1,454,236,  c Leasehold improvements  d Equipment  Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X column (B), line 10c)  1 1,628,756.	_			wmer:t [	unds,	************						
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  d Equipment  Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X column (B), line 10c.)  (b) Cost or other basis (c) Accumulated depreciation  (c) Accumulated depreciation  (d) Book value  1, 454, 236.  428, 278.  1, 454, 236.	Par											
basis (investment)   basis (other)   degreciation					<del>,</del>		·		<del></del>			
1a Land         b Bulldings       2,071,453.       617,217.       1,454,236.         c Leasehold improvements       602,798.       428,278.       174,520.         e Other       500,756.       1,628,756.		Description of property			,		, , ,		I	(d) Book	c val	ue
b Bulldings 2,071,453, 617,217. 1,454,236.  c Leasehold improvements  d Equipment 602,798. 428,278. 174,520.  e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X column (B), line 10c.) ▶ 1,628,756.		1 - 4	<del></del>	rnejitj	Dazia	(orner)	det	reciation	2000			
c Leasehold improvements  d Equipment 602,798. 428,278. 174,520.  e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X column (B), line 10c.) ▶ 1,628,756.						71 4:52		17 0	17	1 46		13.6
d Equipment 602,798. 428,278. 174,520.  e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) ▶ 1,628,756.					4,01	11,400.	<u>"</u>	? 1 1 , <i>E</i>	11.	I,454	* , 4	.00.
e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,628,756.				•	<u> </u>	32 70D	<del> </del> ,	190-5	70	17	1 1	20
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).			3	•	91	16,130.	<del>ا            '</del>	:40,4	70.	T / 4		340.
					on (12) 15 1	toa l	l			1 625	۹ ,	756
		The most research the recommend most e	euga: Form 950, Par	A. VOIUI!	<u> 11 1131. III (C.)</u>	( <u> </u>			Schedul			

Schedule 0 (Form 990) 202: INC.  Part VIII Investments - Other Securities.	5 Com 600 Bad W lin		-U216740 Page 3
Complete if the organization answered "Yes" or (a) Description of security or category professing reason or security	(b) Book value	(c) Method of valuation; Cost or end-	ofwaar market value
At Plantal and taken	(B) BOOK VAIGE	(c) Wester of Paleston, Sost of End-	Oryest Market value
Closely held equity interests			
3) Othor			
(A)			
(8)	*************	***************************************	· · · · · · · · · · · · · · · · · · ·
(0)			
(D)			
(E)			
(F)			
(G)			
(H)			
fotal. (Col. (b) must equal Form 990, Part X, col. (6) Fins 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or (a) Description of investment	n.Form 990, Part IV. line (b) Book value	e 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-	of upperparket value
	(D) DOOK value	(c) wenter or valuation, clost or etc.	on Acut Maliter Agion
(1) (2)			<del> </del>
(3)	*****		
(4)			
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
[7)			
[8]	<del></del>		
[9]	<del></del>		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Farm 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
[2]			
[3]			
[4]			
(5)			
(6)			
(7)			
(8)			
[9]			
Total (Column (b) must equal Form 990. Part X. col. (B) line Part X. Col. (B) line		<b>&gt;</b>	
Complete if the organization answered "Yes" or	n Form 990, Part IV, fin	e 11e or 11t. See Form 990, Part X, line 25.	
(a) Description of flability			(b) Book value
(1) Federal income taxes		*****	
(2) REFUNDABLE ADVANCES			1,245,805
(3)			
(4)			
(5)	<del></del>		<del></del>
(6)	<del>,</del>		
(7)			
(8)			
(9)			4 8.4 # 8.5 #
otal. (Column fo) must equal form 990, Part X, col. (6) line			1,245,805
·		<del></del>	1000
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide to organization's liability for uncertain tax positions under F</li> </ol>	he text of the footnote:	to the organization's financial statements th	at reports the

(32053 10 28-21)

Schedule D (Form 990) 2021

SOUTHEASTERN VERMONT COMM Schedule D (Form 990) 2021 INC.			03-	0216740	Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		, ,	2 E. 2 S E	<u> </u>
• • • • • • • • • • • • • • • • • • • •	*** *** ** *** ***	** *** *** *** *** *** ***	1	25,027	,981.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Lat	11 .515			
a Net unrealized gains (losses) on investments		-11,515. 346,965.			
Donated services and use of facilities     Recoveries of prior year grants		340,303.			
d Other (Describe in Part XHL)					
e Add lines 2a through 2d			2e	335	450.
3 Subtract line 2e from line 1			3	24,692	,531.
4 Amodats included on Form 990, Part VIII, line 12, but not on fine 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b					
b Other (Describe in Part XIII.)					0
c Add lines 4a and 4b  5 Total revenue, Add lines 3 and 4c. (This must equal Form 990 Part I line 12.)			4c 5	24,692	531.
Part XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per l			19911
Complete if the organization answered "Yes" on Form 990, Part IV. line 1		•			
Total expenses and losses per audited financial statements	*************	*****	1	25,005	,122.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of tacilities		346,965.			
b Prior year adjustments					
c Other losses					
d Other (Describe in Part XIII.)  e Add lines 2a through 2d			20	346	,965.
e Add lines 2s through 2d  3 Subbact line 2e from line 1			3	24,658	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		*** *** *** *** ****			,
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	45				
c Add lines 4a and 4b			4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1 line 18.)			. 5	24,658	157.
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III. lines 1a and 4; P.	art IV Sana 1h	and Ohi Flort V. line	t Davi	V fine Or Dark	····
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		•	ı, Pari	A. RING Z. PET.	<b>N</b> 1.
integ as directly, and it are son, integ as and the materials being being being being a	outional anom	ngoon,			
		·			*
PART IV, LINE 2B:					
SOUTHEASTERN VERMONT COMMUNITY ACTION, INC.	IS A F.	ISCAL AGENT	' FO	R SOME	
DISASTER RELIEF FUNDS					
DIDATIEN REHIEF FORDS					
PART X, LINE 2:	<del></del>				
					*1
ACCOUNTING STANDARDS CODIFICATION NO. 740,	"ACCOUN"	FING FOR IN	4COM	E TAXES	
ESTABLISHES THE MINIMUM THRESHOLD FOR RECOG	MTZIMZ	AND A SVS	MTM	EOD.	
ESTABLISHED THE MINIMON THRESHOLD FOR RECOG	NIZING,	AND A BIB	LISPI	ron	
MEASURING, THE BENEFITS OF TAX RETURN POSIT	IONS IN	FINANCIAL	STA	TEMENTS	
		***************************************			
MANAGEMENT HAS ANALYZED THE AGENCY'S TAX PO	SITION	raken on i	rs I	NFORMAT	ION
			_		
RETURNS FOR THE PREVIOUS THREE TAX YEARS, F	OR THE	PURPOSES OF	<u> </u>		
IMPLEMENTATION, AND HAS CONCLUDED THAT NO A	מארדיינים	AT. PROVISTO	N F	מא דאמים	ME
IM DEPARTMENT, AND HAD CONCEOUDED THAT NO A		TICATOT	-74 T.	ON THE	4.774
TAXES IS NECESSARY IN THE AGENCY'S FINANCIA	L STATE	MENTS.			

100050 10-28-21

Schedule D (Form 990) 2021	SOUTHEASTERN VERMONT COMMUNITY ACTI	ON, 03-0216740 Page 5
Schedule D (Form 990) 2021 Part XIII   Supplemental In	formation (continued)	
	· · · · · · · · · · · · · · · · · · ·	
	······································	***************************************
*		
	S	
		***************************************
······································		
•		
<del></del>	***************************************	
	***************************************	
		***************************************
		•••••••••••••••••••••••••••••••••••••••
and the second		
	***************************************	
		***************************************
		Schedule D (Form 990) 2021

ž Employer identification number Schedule 1 (Form 990) 2021 03-0216740 VY EVERYONE EARS PROGRAM EVERYONE EATS PROGRAM EVERYONE EATS PROGRAM EVERYORE EATS PROGRAM EVERYONE EATS PROGRAM EVERYONE EATS PROGREM Open to Public Chocketer and Dailo Inspection (h) Purpose of grant or assistance 202 χ**ος** (Χ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that racelved more than \$5,000. Part II can be duplicated if additional space is needed. Ė ę Į, Ė Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (houk, FMV, appraísal, othed) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.ks.gov/Form990 for the latest information. 0 o. ö ċ c (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ■ Attach to Form 990. (d) Amount of cash grant SOUTHEASTERN VERMONT COMMUNITY ACTION, 389 3,948,024. 1,795,000 1,552,360 6,537,731 3.054,156 328, Enfer total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (it applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 980 501(0)3 501(C)3 Enter total number of other organizations listed in the line 1 table 03-0358074 41-2273707 45-3566917 20-8144337 03-0265213 45-5296058 General Information on Grents and Assistance (B) (E)N criteria used to award the grants or assistance? F 1 (a) Name and address of organization VERMONT FARMERS MARKET EDUCATION INC. - 115 SECOND ST - NEWPORT, GREEN MOUNTAIN FARM TO SCHOOL, DOMNTOWN FRATTLEBORO ALLIANCE CENTER, INC. . PC BOR 1008 .. SPRINFIELD PAMILY CENTER INC THE SKINNY PANCAKE INC VT 05155 VT 05301 BURLINGTON, VT 05401 VT 05401 Name of the organization NT 05701 47 MAPLE ST. #219 Osparonent of the Transvir LOCALVORE, INC. Anharal Revenue Service 365 SUMMER 3T BRATTLEBORG, 21 BRICHT ST SPRINGFIELD, SCHEDULE BURLINGTON, PO BOX 561 (Form 990) Part Part II RUTIAND ΨH Q

33

132 to 1 10-26-27

03-0216740 Page 1	ig) Description of (h) Purpose of grant non-cash assistance or assistance	ot Everyone rats program	V? SVERYONE EKTS PROGRAM	VY. EVERYCHE KATS PROGREM	VT EVERYONG BATS PROGRAM				Schedule I (Form 990)
in I feetin GOOD Date H.)	(f) Method of ig) valuation (book, FMV, appraisal, other)								
of Carlo	(e) Amount of noncash assistance	0	5	0	0.				
ACTION,	(d) Amount of cash grant	336,544.	822	359,843.	110,894.				
IT COMMUNITY ACTION,	(c) IRC section if applicable	£(0)12				-			
SRN VERMON	( <b>b</b> ) EIN	57-1201683 581(0)3	03-035283	63-0359264	23-7032401				
SOUTHEASTERN VERMONT COMMUNITY ACTION, Schedule: (Form 990) INC.	(a) Name and address of organization or government	CENTER FOR AN AGRICULTURAL ECONOMY VERMONT 15, 110 JUNCEIOM RD HARWICK, VT 05843	VITAL COMMUNITIES 195 N HAIN STREET WHITE RIVER JUNCTION, VT 05091	MOUNTAIN COMMONITIES SUPPORTING ECOCATION - 91 VERMONT 11 - LORDONDERRY, VT 05149	Addison county home health and Hospice - 254 ethan alten hay New Haven, VT 05472				

32

Schedule (Form 990) 2021 INC.					03-0216740 Page 2
Part III can be duplicated if additional space is needed.		crganization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	30, Part IV, line 22.	
(a) Type of grant or assistance	(b) Nombor of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FKIV, appraisel, other)	(A Description of noncash assistance
wine, assiss to Monaphorna	20,0	3.0	c		
UTILITY ASSIST TO HOUSEHOLDS	235	107,836.	0		
HOUSING ASSEST TO NOTUREHOLDS	61	62,723.	. 0		
OTHER ASSIST TO FOUSEHOLDS	09:	. 786, 947.	0,		
TRANSPORPATION ASSIST TO HOUSHOLDS.	23.	23,724.	0.		
Part IN Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
SCHEDULE I, PART III:		-			
ALL THIS INFORMATION IS TRACKED IN	CASE MAN	CASE MANAGEMENT FILES	LES AND IN	тнв	
ORGANIZATION'S DATABASE.				***************************************	
13-61-21		33			Schedule I (Form 990) 2021

# SCHEDULE O (Form 990)

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 Form 990-EZ.

Ownersented the Localina

Intenti Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number 03-0216740
FORM 990, PAR	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ENCY; AND REDUCE THE CAUSES AND MOVE TOWARD TH	
OF POVERTY.		
FORM 990, PAR	RT III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAM	S INCLUDE CRISIS FUEL, ECONOMIC DEVELOPMENT P	ROGRAMS,
THRIFT STORES	, AND TEXTILE RECYCLING.	
EXPENSES \$ 1,	060,322, INCLUDING GRANTS OF \$ 352,301. RE	VENUE \$ 204,807.
~~~		
FORM 990, PAR	T VI, SECTION B, LINE 11B:	
A COPY OF THE	ANNUAL FORM 990 WILL BE GIVEN TO EACH BOARD	MEMBER PRIOR TO
FILING.		
	T VI, SECTION B, LINE 12C:	
	'INTEREST POLICY IS UPDATED AND SIGNED BY EAC	H BOARD MEMBER ON
AN ANNUAL BAS	118.	
FORM 990, PAR	T VI, SECTION B, LINE 15:	
BOARD OF DIRE	CTORS APPROVES COMPENSATION LEVELS.	
FORM 990, PAR	T VI, SECTION C, LINE 19:	
GOVERNING DOC	CUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE AVAILABLE	TO THE PUBLIC UPON REQUEST.	·
FORM 990, PAR	T XII, LINE 2C:	
	F REVIEWING THE AUDITED FINANCIAL STATEMENTS	HAS NOT
	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Farm 990) 2021

132211 39-11-21

Schedule O (Form 990) 2021 Name of the organization SOUTHEASTERN VERMONT COMMUNITY ACTION, INC.	Employer identification number 03-0216740
CHANGED FROM THE PRIOR YEAR	
	,
	····
