** PUBLIC DISCLOSURE COPY **

Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	ror un	e 2020 calendar year, or tax year beginning and e	enaing	-	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	VERMONT BUSINESS ROUNDTABLE, INC.			
	Name chang	Doing business as		**-***77	26
	lnitial return Final	,	Room/suite 3 0 0	E Telephone numbe	
	return termir	_	500	80286504	
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	556,421.
F	lreturn Applic tion			7	
	Ition pendi	SAME AS C ABOVE		for subordinates	—
				H(b) Are all subordinates in	
		empt status: \square 501(c)(3) \square 501(c) (4) \blacktriangleleft (insert no.) \square 4947(a)(1) o	or 527	1	list. See instructions
		te: WWW.VTROUNDTABLE.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1987 N	1 State of legal domicile: \overline{VT}
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities:			
Activities & Governance		TO SUSTAIN A SOUND ECONOMY AND PRESERVE $\overline{ ext{N}}$	/ERMON	T'S UNIQUE	QUALITY OF
ű	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
စ္တ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			3
įŧį	6	Total number of volunteers (estimate if necessary)			19
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 	The difficulties business taxable income from 500 1,1 dr.1, inc 11		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		529,445.	544,446.
	l °			96,740.	10,500.
	9	Program service revenue (Part VIII, line 2g)		3,443.	-776 .
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,000.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			554,170.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		642,628.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		346,651.	363,890.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.60 4.70	400 000
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		268,178.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		614,829.	556,792.
	19	Revenue less expenses. Subtract line 18 from line 12		27,799.	-2,622.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,020,028.	996,558.
AB	21	Total liabilities (Part X, line 26)		533,102.	512,254.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		486,926.	484,304.
P	art II	Signature Block			
Unc	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		SETH E. BOWDEN, PRESIDENT			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN
Pai	d	CONNIE FELLION	lo	9/14/21 if self-employe	P01875413
	parer	Firm's name MCSOLEY MCCOY & CO.			**-***7374
	Only	Firm's address 118 TILLEY DRIVE, STE. 202		THIN 3 LIN	
		SOUTH BURLINGTON, VT 05403		Phone no (8	02) 658-1808
N/a	v tha l	-		I Holle Ho. (O	X Yes No
ivia	ушет	RS discuss this return with the preparer shown above? See instructions			LAND TES LINO

Pa	Check if Oak adula O acatains a recovered accomplishments											
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>										
1	Briefly describe the organization's mission: TO SUSTAIN A SOUND ECONOMY AND PRESERVE VERMONT'S UNIQUE	TOTALTTY OF										
	LIFE BY STUDYING AND MAKING RECOMMENDATIONS ON STATEWIDE											
	ISSUES.	TOBBIC TOBICI										
	155015*											
2	Did the organization undertake any significant program services during the year which were not listed on the											
2	prior Form 990 or 990-EZ?	Yes X No										
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No										
3	If "Yes," describe these changes on Schedule O.											
4	Describe the organization's program service accomplishments for each of its three largest program services, as	magurad by avpaneae										
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other											
	revenue, if any, for each program service reported.	13, the total expenses, and										
 4а	(Code:) (Expenses \$ 451,821 • including grants of \$) (Revenue)	8,250.)										
	THE VERMONT BUSINESS ROUNDTABLE IS A NONPROFIT, NONPART											
	ORGANIZATION OF CHIEF EXECUTIVE OFFICERS OF VERMONT'S LE											
	AND NONPROFIT EMPLOYERS, REPRESENTING GEOGRAPHIC DIVERSI											
	MAJOR SECTORS OF THE VERMONT ECONOMY. THE ROUNDTABLE IS											
	SUSTAINING A SOUND ECONOMY AND PRESERVING VERMONT'S UNIQ											
	LIFE BY STUDYING AND MAKING RECOMMENDATIONS ON STATEWIDE											
	ISSUES.											
4b	(Code:) (Expenses \$	ue \$)										
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)										
	Other program and in an (Department of Other late O.)											
4d	Other program services (Describe on Schedule O.)	1										
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 451,821.)										
<u>4e</u>	Total program service expenses ▶ 451,821.	Form 990 (2020)										
		1 01111 330 (2020)										

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		3,7	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		25
•••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '' -		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		

	rt IV Checklist of Required Schedules (continued)			age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	x	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Α_	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
00	Schedule L, Part I	25b		_^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?		х	
00	"Yes," complete Schedule L, Part IV	28c	Α.	Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
	Part V, line 1	34	Х	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			L
			Yes	No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	 1

a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gaming			
	(gambling) winnings to prize winners?			1c	X	

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C -		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		
D			6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b		10b			
11	Section 501(c)(12) organizations. Enter:	100			
		11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
		13b			
		13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		х
	excess parachute payment(s) during the year?		15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	income?	10		
	11 100, Complete Form 4720, Contendie C.		F	990	(0000

Form **990** (2020

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	2						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19	9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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	e dire	ct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х				
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 approximately appr	point	one or							
	more members of the governing body?			7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			l				
	organization'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 Re	evenu	e Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		37				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				7.7					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo	es," d	escribe		٦,					
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	-	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37					
а	The organization's CEO, Executive Director, or top management official			15a	X	177				
b	Other officers or key employees of the organization			15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	_	***							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent \	vith a			v				
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nızatıc	n's	401						
800	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE									
17 10		24.00	T (Saction 501/-)/	3/0 021	/\ a\\a:\	lable				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	iu 99	7-1 (O C CHON 301(C)(ajs only	/) avall	aule				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	on C	shedule Ol							
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial					
19	statements available to the public during the tax year.	JI IIIICT	or interest policy, a	nu iiria	ıcıdı					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records							
20	SETH E. BOWDEN - 8028650410	uns di								
		054	03							

Form **990** (2020)

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box,	not ch unles	ss pe	ition more rson i	than s bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LISA M VENTRISS	40.00			v				210 204	0	01 100
PRESIDENT	2.00		\vdash	Х				218,284.	0.	21,123.
(2) MARK FOLEY, JR.	2.00	х		х				0.	0.	0.
CHAIR (3) LARRY WILLIAMS	2.00	Δ		Λ				0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(4) TOM DEE	2.00		\vdash					0.	•	
DIRECTOR	2.00	х						0.	0.	0.
(5) DIMITRI GARDER	2.00							0.0		
DIRECTOR		х						0.	0.	0.
(6) WALTER FRAME, III	2.00							-		
DIRECTOR		Х						0.	0.	0.
(7) JUDY O'CONNELL	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) SCOTT GILES	2.00									
TREASURER		Х		X				0.	0.	0.
(9) JOHN BRUMSTED, M.D.	2.00									
DIRECTOR		Х						0.	0.	0.
(10) TOM DUNN	2.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL WALSH	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) DON GEORGE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(13) MARK CROW	2.00									_
DIRECTOR	2 00	Х						0.	0.	0.
(14) SARA BYERS	2.00	,,							0	•
DIRECTOR	2 00	Х						0.	0.	0.
(15) MEG FLEMING	2.00	Х						0.	0.	_
DIRECTOR (16) DAVID BRADBURY	2.00	^	$\vdash\vdash$					0.	0.	0.
(16) DAVID BRADBURY DIRECTOR	4.00	х						0.	0.	0.
(17) RENEE BOURGET PLACE	2.00	^	$\vdash \vdash$					0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
022007 10 02 00		-22	ш			_			U •	Form 990 (2020)

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Part VII Section A. Officers, Directors, Tru-	(B)	Pios	/663	, and		igiie	SI C	(D)	(E)			(F)	
Name and title	Average	١		Pos	itior	١		Reportable	Reportable		Es	timat	ed
	hours per	box	, unle	heck ss pe	rson	is bot	th an	compensation	compensatio	n	l	nount	
	week (list any	\vdash	cer ar	nd a d	irecto	or/trus	itee)	from	from related			other	
	hours for	lirecto				_		the organization	organization: (W-2/1099-MIS			pension the	
	related	ee or c	stee			nsateo		(W-2/1099-MISC)	(***2/1033-10110	,0,		aniza	
	organizations	Itrust	nal tru		oyee	ompe					an	d rela	ted
	below line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	nmer				org	anizat	ions
(18) JAY FAYETTE	2.00	=	트	0	32	Ξē	E						
DIRECTOR		Х						0.		0.			0.
(19) SCOTT FEWELL	2.00									•			•
DIRECTOR	2 00	Х	_			_		0.		0.			0.
(20) THOMAS MCHENRY DIRECTOR	2.00	x						0.		0.			0.
DIRECTOR		2								•			•
						-							
1b Subtotal								218,284.		0.	2	1,1	.23.
c Total from continuation sheets to Part V	II, Section A						▶	0.		0.		4 4	0.
d Total (add lines 1b and 1c)								218,284.	l .	0.	2	1,1	.23.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable	е			1
compensation from the organization												Yes	No
3 Did the organization list any former officer	, director, trust	ee, l	key (emp	loye	e, o	r hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s			-					•	the organization				
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	•				•	•		•			_		X
rendered to the organization? If "Yes," cor Section B. Independent Contractors	ripiete Scriedui	e J i	or s	ucn	pers	SOLL					5		22
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation	from	
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	/ithir	n the organization's tax	year.				
(A) Name and busines:	addross	NT/	~ NT1					(B) Description of s	convices	_)) ompe	C) postic	n
- Ivaille allu busilles:	s address	11/	[MC	<u> </u>				Description of s	sei vices		ompe	iisalic	110
2 Total number of independent contractors		ot li	mite	d to		se li:	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization 📂					<u> </u>					Form	990	(2020)

Pa	rt v	/111				5			
			Check if Schedule O	contains a respon	ise or note to any lir	ne in this Part VIII	(B)	(C)	
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
S S	_	_	Fordericks discount stores	la-1					30000013 312 314
ant	1		Federated campaigns		544,446.				
عَ ق			Membership dues		J44,440.				
īfts, r A			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations						
Sir			Government grants (contributions, gifts,	· -					
ž į		'	similar amounts not included						
를		_							
S E		_	Noncash contributions included in			544,446.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-1f		Business Code	311,110.			
ø.	١,	_	MEETING & SEM	TNAR FEE		10,500.	10,500.		
Program Service Revenue	2		MIDITING & DIF	IIIIMI I DD)	011430	10,500.	10,300.		
Ser		b c							
E S		d			_				
gra Re		e			_				
Pro			All other program service	revenue	_				
			Total. Add lines 2a-2f			10,500.			
	3		Investment income (include						
	ľ		other similar amounts)	-		1,475.			1,475.
	4		Income from investment			,			
			Royalties	-					
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
	_		Less: rental expenses	6b					
			Rental income or (loss)	6c					
			Net rental income or (loss	;)	>				
	7		Gross amount from sales of	(i) Securitie					
			assets other than inventory	7a					
		b	Less: cost or other basis						
ne			and sales expenses	7b	2,251.				
Revenue		С	Gain or (loss)	7c	2,251.				
Be		d	Net gain or (loss)			-2,251.	-2,251.		
Jer	8		Gross income from fundraisi						
윰			including \$	of					
			contributions reported on	line 1c). See					
			Part IV, line 18		8a				
		b	Less: direct expenses		8b				
		С	Net income or (loss) from	fundraising event	s				
	9	а	Gross income from gamir	-					
			Part IV, line 19		9a				
		b	Less: direct expenses		9b				
		С	Net income or (loss) from	gaming activities	<u></u>				
	10	а	Gross sales of inventory,						
			and allowances		10a				
		b	Less: cost of goods sold		10b				
		С	Net income or (loss) from	sales of inventory					
S					Business Code				
eor Pe	11	а			_				
lan 'en		b							
Miscellaneous Revenue		С			_				
Σ			All other revenue						
	<u> </u>		Total. Add lines 11a-11d				0.040	_	1 400
	12		Total revenue. See instruction	ons)	554,170.	8,249.	0.	1,475.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 405	222 425	25 24 2	
	trustees, and key employees	239,407.	203,497.	35,910.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,554.	8,120.	1,434.	
8	Pension plan accruals and contributions (include	40 470	46.00		
	section 401(k) and 403(b) employer contributions)	19,178.	16,301.	2,877.	
9	Other employee benefits	70,017.	59,515.	10,502.	
10	Payroll taxes	25,734.	21,874.	3,860.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	25,241.		25,241.	
d	Lobbying	28,140.	23,919.	4,221.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	32,207.	27,376.	4,831.	
14	Information technology				
15	Royalties				
16	Occupancy	47,543.	40,412.	7,131.	
17	Travel	1,283.	1,091.	192.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,469.	5,499.	970.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	536.	456.	80.	
23	Insurance	5,099.	4,334.	765.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SERVICES	16,000.	13,600.	2,400.	
b	EQUIPMENT LEASES	13,363.	11,359.	2,004.	
С	MISCELLANEOUS	11,433.	9,718.	1,715.	
d	EQUIPMENT MAINTENANCE	5,588.	4,750.	838.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	556,792.	451,821.	104,971.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-23-20			L	Form 990 (202)

	1990 (2 r t X	Balance Sheet	IDD KOON	DIADUE, IN			""" / / Z 0 Page 11
		Check if Schedule O contains a response or not	te to any line in	this Part X			
			j		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			379,451.	1	460,815.
	2	Savings and temporary cash investments			312,909.	2	314,099.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			291,934.	4	201,263.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali	s defined				
		under section 4958(f)(1)), and persons described	d in section 49	58(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			29,789.	9	12,870.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	31,183.			
	b	Less: accumulated depreciation		23,672.	5,945.	10c	7,511.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal			1,020,028.	16	996,558.
	17	Accounts payable and accrued expenses			9,832.	17	8,318.
	18	Grants payable				18	
	19	Deferred revenue			523,270.	19	503,936.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
98	22	Loans and other payables to any current or form	ner officer, dire	ctor,			
Liabilities		trustee, key employee, creator or founder, subst	tantial contribu	tor, or 35%			
iab		controlled entity or family member of any of thes	se persons			22	
_	23	Secured mortgages and notes payable to unrela	ated third partie	es		23	
	24	Unsecured notes and loans payable to unrelated	d third parties			24	
	25	Other liabilities (including federal income tax, pa	yables to relate	ed third			
		parties, and other liabilities not included on lines	lete Part X				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			533,102.	26	512,254.
S		Organizations that follow FASB ASC 958, che	eck here 🕨 🗆	X			
Ce		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			486,926.	27	484,304.
J B	28	Net assets with donor restrictions				28	
un		Organizations that do not follow FASB ASC 9	58, check her	e ▶ 📖 📗			
r F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed	quipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			100 000	31	101 001
Ne	32	Total net assets or fund balances			486,926.	32	484,304.
	33	Total liabilities and net assets/fund balances			1,020,028.	33	996,558.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	55	4,1	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2			92.
3	Revenue less expenses. Subtract line 2 from line 1	3			22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48	<u>6,9</u>	26.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	48	4,3	04.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2020)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization VERMONT BUSINESS ROUNDTABLE, INC.				Empl	Employer identification number		
Б			avia a costian FO7 a	**-***7726			
Pa	art I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	rganization.	
2	Political	campaign activity expendit	ation's direct and indirect polit ures gn activities		▶\$		
Pa	art I-B	Complete if the org	janization is exempt un	der section 501(c)	(3).		
1	Enter the	amount of any excise tax	incurred by the organization ur	nder section 4955	▶\$		
			incurred by organization mana				
			n 4955 tax, did it file Form 472				
48	Was a co	orrection made?				Yes No	
k	If "Yes,"	describe in Part IV.					
Pa	art I-C	Complete if the org	janization is exempt un	der section 501(c),	, except section 501(c)(3).	
1	Enter the	e amount directly expended	by the filing organization for s	ection 527 exempt func	tion activities >\$		
2	Enter the	e amount of the filing organ	ization's funds contributed to o	other organizations for se	ection 527		
	exempt	function activities			▶\$		
3			. Add lines 1 and 2. Enter here		*		
	line 17b				▶\$		
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No	
5	made pa	lyments. For each organiza	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organize a separate political org	zation's funds. Also enter th anization, such as a separa	ne amount of political	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

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

Solicition Sol	 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 	Yes	No	Amo	ount
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VERMONT BUSINESS ROUNDTABLE, INC.

Employer identification number **-***7726

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$	aming of the latter, and other only contact ration	caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce 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 tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Sche	dule D (Form 990) 2020 VERMONT	BUSINESS	ROUN	DTABLE	, INC.		**_*	**7726	5 Pa	age 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at make sig	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further t	he organizat	ion's exem	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	ner similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?		[Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered	"Yes" on F	orm 990, Part I	V, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.		_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not in	cluded			
	on Form 990, Part X?						[Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided or	Part XIII .]
Par	t V Endowment Funds. Complete it	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three years ba	ck (e) Four	years l	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	/ 6								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	ınd administe	ered for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 99	0, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Book	value	÷
		basis (investr	nent)	basis	(other)	depre	eciation			

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		31,183.	23,672.	7,511.
Total Add lines 1a through 1e (Column (d) must equa	ol Form 990 Part X colu	mn (R) line 10c)	_	7.511.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 VERMONT BUS	INESS ROUNDTA	BLE, INC.	**-***7726 Page
Part VII Investments - Other Securities.		•	. ugo
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	•		.,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	<i>- 13.)</i>		
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Soo Form 000 Bort V lin	25.25
(-) Description of Balance	on Form 990, Part IV, line	Tie or Tii. See Form 990, Part X, III	(b) Book value
· · · · · · · · · · · · · · · · · · ·			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			1

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statemen	nts With Reve	nue per Returr	າ.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		veries of prior year grants			
		(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
_		nes 4a and 4b			
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	IIA JI	Reconciliation of Expenses per Audited Financial Stateme	ents with Exp	enses per Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1.1	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a		ed services and use of facilities	2a		
b		/ear adjustments	2b		
c		losses (Describe in Part VIII.)	2c		
		(Describe in Part XIII.)			
3		nes 2a through 2d			
4		act line 2e from line 1			
		ment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)			
		nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
		Supplemental Information.			
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.		
PAI	RT X	- FIN 48 FOOTNOTE			
THI	<u> ∙</u> OR	GANIZATION BELIEVES IT HAS APPROPRIATE	SUPPORT I	FOR ANY TA	X POSITIONS
m 7 T	7 171 17	AND ACCURED DOES NOT HAVE ANY INCEDS	ו עצ הוו דאד הו		mii 3 m - 3 m - 11
IAI	ven,	AND, AS SUCH, DOES NOT HAVE ANY UNCERT	AIN TAX I	POSTITIONS	THAT AKE
MΣ	דקאין	AL TO THE FINANCIAL STATEMENTS.			
		THE TO THE TENNIORE DISTRIBUTION			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

VERMONT BUSINESS ROUNDTABLE, INC. Employer identification number **-***7726

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any parson listed on Form 000 Part VII. Coation A. line to with respect to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•		4a		х
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C		4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) LISA M VENTRISS	(i)	191,228.	20,000.	7,056.	21,123.	0.	239,407.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service	▶(io to v	www.irs.gov/Fo	rm99	0 for i	nstruc	tions and the	lat	est information.			ln	spect	ion			
Name of the organization	า									Em	ployer	ident	ntification number				
	VERMON	ТВ	USINESS	ROU	INDT	ABL	E, INC.			**	_**	*77	26				
Part I Excess E	Benefit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 50	1(c)(4), and se	ectio	on 501(c)(29) orga	anizati	ions o	nly).					
Complete if	the organization	n ansv	vered "Yes" on	Form 9	990, Pa	art IV,	line 25a or 25l	b, o	r Form 990-EZ, P	art V,	line 40	Db.					
1 (a) Name of disquali	fied person	(b) F	Relationship bety			lified	1.	-) D	accription of tran	coctic	'n		(d)	Corre	cted?		
(a) Name of disquair	ned person		person and or	ganiza	ation		,,	., D	escription of tran	Sactic) i i		Y	es	No		
													_				
													-				
													+				
2 Entartha amount of	f tay incurred by	tha a	rachization man	0000	or dia	au alific	d naraana du	rino	the veek under								
2 Enter the amount of section 4958	•			•		•	•	_			•						
3 Enter the amount of											▶ \$ ▶ \$						
5 Litter the amount of	rtax, ii arry, orri	116 2, 6	above, reimburs	eu by	ti ie oi	gariiza					Ψ						
Part II Loans to	and/or Fror	n Int	erested Per	sons	5.												
	the organization	n ansv	vered "Yes" on	Form 9	990-EZ	. Part	V, line 38a or l	For	m 990, Part IV, lin	e 26;	or if th	ne orga	ınizati	on			
•	ŭ		, Part X, line 5, 6			,	,		,			J					
(a) Name of	(b) Relatio		(c) Purpose		an to or		e) Original	(f) Balance due	(g)	ln	(h) Ap by bo	oroved ard or	(i) V	/ritten		
interested person	with organ	zation	tion of loan o		ization?	princ	cipal amount			defa	ault?	comm	ittee?	agree	ment?		
				То	From					Yes	No	Yes	No	Yes	No		
Total						l	> \$								_		
	r Assistance	Ber	nefiting Inter	reste	d Pe	rson											
Complete if	the organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV,	line 27.										
(a) Name of interes	sted person		b) Relationship	betwe	een	(c) Amount of		(d) Type	of		(e) Purp	ose o	f		
			interested pers	on an			assistance		assistan	ce		;	assist	ance			
t			the organiza	ation													
		\perp							1		_						
		4															
		+															
		+							 		-+						
									1		- 1						

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

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
DON GEORGE	DIRECTOR	•	HEALTH CARE		X
MEG FLEMING	DIRECTOR	9,230.		Х	
DOWNS RACHLIN MARTIN P.L.I	MEMBER	25,807.	LEGISLATIVE		Х
HOLLY GROSCHNER	RETIRED BOARD MEMBE	1,500.	FACILITATE		Х
CLARE SHEAHAN	EMPLOYEE'S DAUGHTER	120.	ASSISTANCE		Х
ISRAEL BOURGET	EMPLOYEE'S HUSBAND	200.	ASSISTANCE		Х
Provide additional information for response	onses to questions on Schedule L (see	instructions)			
Trovide additional imormation for response	onses to questions on ochequic E (see	ilistractionsj.			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: DON GE	ORGE				
					-
(D) DESCRIPTION OF TRANSAC	TION: HEALTH CARE I	NSURANCE			
(A) NAME OF PERSON: DOWNS	RACHLIN MARTIN P.L.	L.C			
(D) DESCRIPTION OF TRANSAC	TION: LEGISLATIVE T	EAM			

- (A) NAME OF PERSON: HOLLY GROSCHNER
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RETIRED BOARD MEMBER

- (D) DESCRIPTION OF TRANSACTION: FACILITATE BOARD RETREAT
- (A) NAME OF PERSON: CLARE SHEAHAN
- (D) DESCRIPTION OF TRANSACTION: ASSISTANCE WITH ASSEMBLING MEMBER

DIRECTORIES

- (A) NAME OF PERSON: ISRAEL BOURGET
- (D) DESCRIPTION OF TRANSACTION: ASSISTANCE IN MOVING AND ASSEMBLING NEW

CONFERENCE TABLE

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

VERMONT BUSINESS ROUNDTABLE, INC. **Employer identification number** **-***7726

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LIFE BY STUDYING AND MAKING RECOMMENDATIONS ON STATEWIDE PUBLIC POLICY
ISSUES.
FORM 990, PART VI, SECTION A, LINE 2:
RENEE BOURGET-PLACE
DIRECTOR
SHERRA BOURGET
EMPLOYEE
FAMILY MEMBERS
FORM 990, PART VI, SECTION A, LINE 6:
THE VERMONT BUSINESS ROUNDTABLE MEMBERSHIP IS COMPRISED OF 100 CEO'S OF
VERMONT'S MOST ACTIVE AND COMMITTED FOR-PROFIT AND NOT-FOR-PROFIT
EMPLOYERS.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS ELECT THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD ENTRUSTS THE REVIEW OF THE PREPARED 990 TO THE PRESIDENT AND THE
AUDIT COMMITTEE, CURRENTLY CHAIRED BY BOARD DIRECTOR RENEE BOURGET-PLACE.
ONCE THE FORM 990 IS COMPLETE, AND PRESUMABLY FILED, THE AUDIT CHAIR
REPORTS BACK TO THE FULL BOARD OF DIRECTORS AT ITS MAY BOARD MEETING.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization VERMONT BUSINESS ROUNDTABLE, INC.	Employer identification number **-**7726									
FORM 990, PART VI, SECTION B, LINE 12C:										
THE ORGANIZATION DISTRIBUTES CONFLICT OF INTEREST FORMS T	O THE BOARD OF									
DIRECTORS TO COMPLETE ON AN ANNUAL BASIS.										
FORM 990, PART VI, SECTION B, LINE 15A:										
THE EXECUTIVE COMMITTEE DETERMINES THE PRESIDENT'S COMPEN	SATION PACKAGE.									
HE ENTIRE BOARD IS PRESENTED WITH THE FULL BUDGET, WHICH INCLUDES										
PROJECTED PAYROLL AND FRINGE BENEFITS. THEY VOTE IT UP OR	DOWN AT THE									
ANNUAL STRATEGIC PLANNING RETREAT HELD IN MID-NOVEMBER.										
FORM 990, PART VI, SECTION C, LINE 19:										
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	REQUEST.									

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

VERMONT BUSINESS ROUNDTABLE, INC.

Employer identification number **-***7726

Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	(d) or Total inco	(e) ome End-of-yea		(f) Direct controlling		
of disregarded entity	Filliary activity	foreign country)	or Total filed	inie Liid-oi-yea	ii assets		ntity	3
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	O, Part IV, line 34,	because it had on	e or more rel	lated tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		Section 512(b)(controlled entity?	
VBR RESEARCH & EDUCATION FOUNDATION				001(0)(0))			Yes	No
30 KIMBALL AVENUE, SUITE 300 SOUTH BURLINGTON, VT 05403	EDUCATION	VERMONT		LINE 7	VBR			х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)		j)	(k)
Name, address, and EIN of related organization	ss, and EIN Primary activity Legal Di		Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportion		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or		Percentage
or related organization		(state or foreign	entity	excluded from tax under	der	income end-of-year assets		itions?	20 of Schedule	part	ner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
						1			1			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contri enti	tion b)(13) rolled :ity?
		country)		or tracty		400010		Yes	No
								$\vdash\vdash\vdash$	
								igsqcup	<u> </u>
								igwdapprox	
								oxdot	

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled er	ntity				1a		X		
b Gift, grant, or capital contribution to related organization(s)					1b		Х		
c Gift, grant, or capital contribution from related organization(s)					1c		X		
d Loans or loan guarantees to or for related organization(s)					1d		X		
e Loans or loan guarantees by related organization(s)					1e		X		
f Dividends from related organization(s)					1f		Х		
g Sale of assets to related organization(s)					1g		Х		
h Purchase of assets from related organization(s)					1h		X		
i Exchange of assets with related organization(s)					1i		Х		
j Lease of facilities, equipment, or other assets to related organization(s)					1 <u>j</u>		Х		
k Lease of facilities, equipment, or other assets from related organization(s)					1k		Х		
I Performance of services or membership or fundraising solicitations for related or	organization(s)				11	Х			
m Performance of services or membership or fundraising solicitations by related o					1m		Х		
n Sharing of facilities, equipment, mailing lists, or other assets with related organic	zation(s)				1n		Х		
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 									
p Reimbursement paid to related organization(s) for expenses					1 p		X		
q Reimbursement paid by related organization(s) for expenses					1q	X			
r Other transfer of cash or property to related organization(s)					1r		Х		
s Other transfer of cash or property from related organization(s)					1s		Х		
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete t	his line, including covered	relationships and tran	saction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method ((d) of determining amount inv	olved				
(1) VBR RESEARCH AND EDUC. FOUNDATION	L	22,000.	FMV						
(2) VBR RESEARCH AND EDUC. FOUNDATION	0	154,372.	CASH RECEIV	ED					
(3) VBR RESEARCH AND EDUC. FOUNDATION	Q	36,115.	AMOUNT RECE	IVABLE					
<u>(4)</u>									
<u>(5)</u>									
(6)									
032163 10-28-20	29			Schedule	R (Forr	n 990	2020		

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes I	10	
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EXTENDED TO NOVEMBER 15. 2021

Form 990-T	Exempt Organization Business Income Tax Return	ո -	OMB No. 1545-0047				
	(and proxy tax under section 6033(e))		2020				
	For calendar year 2020 or other tax year beginning , and ending	—·	2020				
Department of the Treasury Internal Revenue Service	 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) 	. 5	Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	DEmplo	eyer identification number				
B Exempt under section	Print VERMONT BUSINESS ROUNDTABLE, INC.	*	*-***7726				
X 501(c)(4) 408(e) 220(e)	Type Number, street, and room or suite no. If a P.O. box, see instructions. 30 KIMBALL AVENUE, NO. 300	EGroup exemption number (see instructions)					
408A 530(a) 529(a) 529S	City or town, state or province, country, and ZIP or foreign postal code SOUTH BURLINGTON, VT 05403	F	Check box if				
	C Book value of all assets at end of year ▶ 996,558.		an amended return.				
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplicab	ole reinsurance entity				
H Check if filing only to	o Claim credit from Form 8941 Claim a refund shown on Form 2439						
l Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		>				
J Enter the number of	f attached Schedules A (Form 990-T)		1				
		▶ ∟	Yes X No				
	ame and identifying number of the parent corporation.						
	re of ▶ SETH E. BOWDEN Telephone number ▶ 8	028	650410				
Part I Total Uni	related Business Taxable Income						
 Total of unrelated 	business taxable income computed from all unrelated trades or businesses (see		0				
instructions)		1	0.				
2 Reserved		2					
3 Add lines 1 and 2		3					
	outions (see instructions for limitation rules)	4	0.				
5 Total unrelated but	usiness taxable income before net operating losses. Subtract line 4 from line 3	5					
6 Deduction for net	operating loss. See instructions	6					
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.						
Subtract line 6 fro		7					
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.				
9 Trusts. Section 19	99A deduction. See instructions	9					
10 Total deductions	s. Add lines 8 and 9	10	1,000.				
11 Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
enter zero		11	0.				
Part II Tax Com	putation						
<u>-</u>	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.				
	t trust rates. See instructions for tax computation. Income tax on the amount on						
Part I, line 11 from		2	100				
3 Proxy tax. See ins		3	193.				
	s. See instructions	4					
	um tax (trusts only)	5					
•	liant facility income. See instructions	6	100				
	through 6 to line 1 or 2, whichever applies	7	193.				
LHA For Paperwork I	Reduction Act Notice, see instructions.		Form 990-T (2020)				

orm 9	990-1 (2020)				Pa	.ge 2
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach I	Form 1116) 1 a	a			
b	Other credits (see instructions)	11	b			
С	General business credit. Attach Form 3800 (see instructions)	1	c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		d			
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7			2	19	3.
3	Other taxes. Check if from: Form 4255 Form 8	8611 Form 8697	Form 8866			
	Other (attach statement)			3		
4	Total tax. Add lines 2 and 3 (see instructions).	if includes tax previously	deferred under			
	section 1294. Enter tax amount here			4	19	
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Pa	art II, column (k), line 4		. 5		0.
6a	Payments: A 2019 overpayment credited to 2020	6	a			
b	2020 estimated tax payments. Check if section 643(g) election ap		b			
С	Tax deposited with Form 8868	60	c			
d	Foreign organizations: Tax paid or withheld at source (see instruc		d			
е	Backup withholding (see instructions)	60	e			
f	Credit for small employer health insurance premiums (attach Forr		f			
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other	Total ▶ 6	g			
7	Total payments. Add lines 6a through 6g			7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is at	tached	▶ ∟	」 8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter	er amount owed		▶ 9	19	<u>3.</u>
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8,	enter amount overpaid	>	1 0		
11	Enter the amount of line 10 you want: Credited to 2021 estimate		Refunded >	11		
Part	IV Statements Regarding Certain Activities and	Other Information	(see instructions)			
1	At any time during the 2020 calendar year, did the organization h	ave an interest in or a sig	nature or other author	ity	Yes I	No
	over a financial account (bank, securities, or other) in a foreign co	ountry? If "Yes," the organ	nization may have to fi	le		
	FinCEN Form 114, Report of Foreign Bank and Financial Account	s. If "Yes," enter the nam	ne of the foreign count	ry		
	here					<u>X</u>
2	During the tax year, did the organization receive a distribution fro	· ·				
	foreign trust?					<u>X</u>
	If "Yes," see instructions for other forms the organization may ha					
3	Enter the amount of tax-exempt interest received or accrued duri					
4a	Did the organization change its method of accounting? (see instr					<u>X</u>
b	If 4a is "Yes," has the organization described the change on Forn	n 990, 990-EZ, 990-PF, or	Form 1128? If "No,"			
D t	explain in Part V					
Part						
Provide	e the explanation required by Part IV, line 4b. Also, provide any oth	er additional information.	See instructions.			
	Under penalties of perjury, I declare that I have examined this return, including acc	companying schedules and stater	ments, and to the hest of my k	nowledge and heli	ef it is true	—
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all			owiedge and boile	01, 11 10 11 110,	
Here		► PRESIDENT	1	May the IRS discu		th
	Signature of officer Date	Title		the preparer show instructions)?		No
	Print/Type preparer's name Preparer's signature		Check	if PTIN	7 103	110
	Filliv Type preparet S tiatile	Date				
Paid	CONNIE FELLION	ng /1	self- employe		375413	
Prepa	arer - MCCOT EV MCCOV C CO	U J / I	Firm's EIN		***7374	
Use (118 TILLEY DRIVE, S'	re. 202	THIII S CIN		, , , , ,	—
	Firm's address SOUTH BURLINGTON, V'		Phone no.	(802) 6	558-180	8
	DOTH DORLLINGTON, V	_ 00100	i none no.		m 990-T (20	
				1.01	555 1 (2)	U_U)

B Employer identification number **-***7726

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Name of the organization

VERMONT BUSINESS ROUNDTABLE, INC.

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

c u	nrelated business activity code (see instructions) > 900099				D Sequence: 1 of 1			
= D	escribe the unrelated trade or business LOBBYING							
				(B) Exp	(B) Expenses		(C) Net	
1 a	Gross receipts or sales							
	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)) (see instructions)	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)							
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)							
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)							
			0					
	Total. Combine lines 3 through 12	13	0 or limitations on d		Deduction	ne muet h	ne	
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions fo	or limitations on d	eductions)		ns must t	oe	
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	ions fo	or limitations on d	eductions)	1	ns must t	oe	
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages	ions fo	or limitations on d	eductions)	1	ns must t	oe	
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	ions fo	or limitations on d	eductions) I	1 2 3	ns must k	be	
Par 1 2 3	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	ions fo	or limitations on d	eductions) I	1 2 3 4	ns must t	oe	
1 2 3 4	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions)	ions fo	or limitations on d	eductions) I	1 2 3 4 5 5	ns must t	oe	
Par 1 2 3 4 5	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses	ions fo	or limitations on d	eductions) I	1 2 3 4 5 5	ns must t	oe	
Par 1 2 3 4 5 6	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions)	ions fo	or limitations on d	eductions) I	1 2 3 4 5 5	ns must t	oe	
Par 1 2 3 4 5 6 7	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses	ions fo	or limitations on d	eductions) I	1 2 3 4 5 6	ns must k	oe	
Par 1 2 3 4 5 6 7 8 9	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion	ions fo	or limitations on d	eductions) I	1 2 3 4 5 6 8b 9	ns must t	oe	
1 2 3 4 5 6 7 8 9 110	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	ions fo	r limitations on d	eductions) I	1 2 3 4 5 6 8b 9 10	ns must t	oe	
1 2 3 4 5 6 7 8 9 110 111	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	ions fo	or limitations on d	eductions) I	1 2 3 4 5 6 8b 9 10 11	ns must t	oe	
1 2 3 4 5 6 7 8 9 10 11	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	ions fo	or limitations on d	eductions) I	1 2 3 4 5 6 8b 9 10 11 12	ns must t	oe	
Par 1 2 3 4 5 6 7 8 9 10 11 11 11 11 11 11 11 11 11 11 11 11	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	ions fo	7 8a	eductions) I	1 2 3 4 5 6 8b 9 10 11 12 13	ns must k		
Par 1 2 3 4 5 6 7 8 9 110 111 112 113 114	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	ions fo	7 8a	eductions) I	1 2 3 4 5 6 8b 9 10 11 12 13 14	ns must t	0.	
Par 1 2 3 4 5 6 7 8 9 110 112 113 114 115	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	ions fo	7 8a	eductions) I	1 2 3 4 5 6 8b 9 10 11 12 13 14	ns must t	0.	
Par 1 2 3 4 5 6 7 8 9 110 112 113 114 115	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S column (C)	ions fo	or limitations on d	eductions) I	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	ns must t	0.	
1 2 3 4 5 6 7 8	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions, Add lines 1 through 14 Unrelated business income before net operating loss deduction. S	ions fo	or limitations on d	eductions) I	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	ns must t	0.	
1 2 3 4 5 6 7 8 9 110 111 112 113 114 115 116	directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S column (C)	ions fo	7 8a	eductions) I	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16 17	ns must k	0.	

					ENTITY 1
Sched	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuat	tion •		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7				_	
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter				
					Yes No
9 Part	IV Rent Income (From Real Property and				103110
1	Description of property (property street address, city,	state, ZIP code). Checi	k if a dual-use (see instru	ctions)	
	A				
	В				
	C				
	D 📖				-
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part Lline 6 co	umn (Δ)	0.
3		t through D. Enter here	and on Fart 1, line 0, co	ullili (A)	1
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_			" (5)	_	0.
Dord	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)	·····	0.
Part		· · · · · · · · · · · · · · · · · · ·	0		
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use (see i	nstructions)	
	A				
	В				
	c				
	D 📖				_
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	(% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here an	d on Part I, line 7, columi	n (B)	0.
11	Total dividends-received deductions included in line	10			0.

Schedule A (Form 990-T) 2020 Page 3 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer 3. Net unrelated 4. Total of specified 6. Deductions directly that is included in the organization identification income (loss) payments made connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1)(2)(3) (4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated 9. Total of specified 10. Part of column 9 11. Deductions directly that is included in the income (loss) payments made connected with controlling organization's (see instructions) income in column 10 gross income (1) (2)(3) (4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) 0 0. **Totals** Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Part VII 1. Description of income 5. Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides income directly connected (attach statement) (add cols 3 and 4) (attach statement) (1) (2)(3) (4) Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I. here and on Part I, line 9, column (A) line 9, column (B) **Totals** 0 Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 2 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 3 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete 4 Gross income from activity that is not unrelated business income 5 5

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

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6

6

4. Enter here and on Part II, line 12

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box i	f reporting two or r	nore periodicals on a	consolidated bas	sis.	
	Α 🔲					
	В					
	c \square					
	D					
Entor	amounts for each periodical listed above	o in the correspon	nding column			
Linter	amounts for each periodical listed above			В	С	D
•	One and additional in a second	}	Α	В В		— U
2	•	L				0.
	Add columns A through D. Enter here	e and on Part I, line	e 11, column (A)		>	
а		. г		ı		
3	Direct advertising costs by periodica					
а	Add columns A through D. Enter here	e and on Part I, line	e 11, column (B)		>	0.
		-				
4	Advertising gain (loss). Subtract line					
	2. For any column in line 4 showing a	gain,				
	complete lines 5 through 8. For any o	column in				
	line 4 showing a loss or zero, do not	complete				
	lines 5 through 7, and enter zero on l	ine 8				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is le					
	line 5, subtract line 6 from line 5. If lir	ne 5 is less				
	than line 6, enter zero					
8	Excess readership costs allowed as					
	deduction. For each column showing					
	line 4, enter the lesser of line 4 or line	-				
а	Add line 8, columns A through D. En	-	ne line 8a. columns to	tal or zero here a	nd on	<u>_</u>
	Part II, line 13	-				0.
Part	X Compensation of Office	ers. Directors.	and Trustees (s	ee instructions)		
	<u> </u>			,	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
(4)					70	
Total	I. Enter here and on Part II, line 1					0.
Part						
Fait	Supplemental informat	(see instructi	ons)			
						

FORM 990-T SECTION 6033(E) PROXY TAX	STATEMENT 1
1. DUES, ASSESSMENTS, AND SIMILAR AMOUNTS RECEIVED 544	1,446.
2. LOBBYING AND POLITICAL EXPENDITURES	28,140.
3. DUES DECLARED NONDEDUCTIBLE IN NOTICES TO MEMBERS 27	7,222. 27,222.
4. SUBTRACT LINE 3 FROM BOTH LINES 1 AND 2 517	7,224. 918.
5. TAXABLE LOBBYING AND POLITICAL EXPENDITURES (SMALLER OF TWO AMOUNTS ON LINE 4)	918.
6. PROXY TAX (LINE 5 TIMES 21 PERCENT) TO PART II, LINE 3	193.