

102 Perimeter Road Nashua, NH 03063 (603)882-1111 melansonheath.com Additional Offices: Andover, MA Greenfield, MA Manchester, NH Ellsworth, ME

Burlington Community Development Corp c/o Clerk Office 149 Church Street Burlington, VT 05401

Dear Client:

Enclosed is the organization's 2015 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Sheryl L. Stephens-Burke, CPA

Filing Instructions

Prepared for:	Prepared by:							
BURLINGTON COMMUNITY DEVELOPMENT COR C/O CLERK OFFICE 149 CHURCH STREET BURLINGTON, VT 05401								
2015 FORM 990								
Electronic Filing:								
This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.								

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GOVERNMENT COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

			•			
calendar year 2015, or fiscal year beginning	${\tt JUL}$	1	, 2015, and ending	JUN	30	,20 16

Do not send to the IRS. Keep for your records

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	▶ Inform	ation about		8879-FO and its i	•	is is at www.irs.gov/for	m8879eo.	
Name of exempt organizatio		ation about	TOITIE	oro Lo una no i	nou douon	io to de www.moigov/ion		identification number
BURLINGTON CO	YTINUMMC	DEVEL	OPME	ENT CORP			03-0	336348
Name and title of officer								
BOB RUSTEN								
TREASURER/SE		l Datum I		alian		,		
				nation (Whole D		,		
on line 1a, 2a, 3a, 4a, or	5a, below, and	the amount	on that	line for the return	being filed	d with this form was bla	nk, then leave	urn. If you check the box line 1b , 2b , 3b , 4b , or 5b , w. Do not complete more
1a Form 990 check here	$\mathbf{x} \rightarrow \mathbf{X}$	b Total rev	/enue, i	f any (Form 990, I	Part VIII, co	olumn (A), line 12)	1b	466,397.
2a Form 990-EZ check h	nere 🕨 🔲	b Tota	l reven	ue, if any (Form 9	90-EZ, line	9)	2b	
3a Form 1120-POL chec	k here 🛌	b T	Total ta	x (Form 1120-POI	L, line 22)		3b	
4a Form 990-PF check h	nere 🛌	b Tax b	based o	on investment in	come (Forn	n 990-PF, Part VI, line 5) 4b	
5a Form 8868 check he	re 🕨 📖	b Balance	Due (F	orm 8868, Part I,	line 3c or P	Part II, line 8c)	5b	
Part II Declara	tion and Si	gnature A	uthor	rization of Off	ficer			
further declare that the a intermediate service prov (a) an acknowledgement the date of any refund. If debit) entry to the financi return, and the financial i 1-888-353-4537 no later t processing of the electro payment. I have selected organization's consent to Officer's PIN: check one	rider, transmitte of receipt or re applicable, I at al institution ac nstitution to de han 2 business nic payment of I a personal ide o electronic fun	er, or electron eason for reje uthorize the l ecount indica bit the entry s days prior t taxes to rec entification nu	nic retu ection o U.S. Tre ated in t to this to the p eive co umber (rn originator (ERC f the transmission easury and its des the tax preparation account. To revol ayment (settlemen infidential informa	b) to send the second to second the second to second the second to second the	he organization's returnason for any delay in pronancial Agent to initiate for payment of the organt I must contact the lass authorize the financiary to answer inquiries	n to the IRS and cocessing the real real real real real real real rea	d to receive from the IRS return or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
X I authorize MI	ELANSON	HEATH	AND	COMPANY,	PC		to enter m	y PIN 58859
				ERO firm name				Enter five numbers, b do not enter all zeros
is being filed w enter my PIN o	ith a state ager n the return's o	ncy(ies) regul disclosure co	lating cl	harities as part of screen.	the IRS Fe	d/State program, I also	authorize the	hat a copy of the return aforementioned ERO to ally filed return. If I have
				rn is being filed w sure consent scre		agency(ies) regulating o	charities as pa	rt of the IRS Fed/State
Officer's signature						Date		
Part III Certific	ation and A	uthentica	ation					
ERO's EFIN/PIN. Enter y	our six-digit ele	ectronic filing	identif	ication				
number (EFIN) followed b	y your five-digi	t self-selecte	d PIN.			020817852 do not enter all ze		
I certify that the above not confirm that I am submitt e-file Providers for Busing	ing this return	-	-	_		•	_	
ERO's signature						Date ▶ <u>0</u>	3/01/17	
		ERO I	Must	Retain This F	orm - Se	e Instructions		

Do Not Submit This Form To the IRS Unless Requested To Do So

EXTENDED TO MAY 15, 2017

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

Open to Public Inspection

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.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

or tax year beginning JUL 1, 2015 and ending JUN 30,

~ ·	01 111	e 2013 calendar year, or tax year beginning 0011 1, 2013 and	enuning i	JON JO, ZOIC	,		
В с	heck if	C Name of organization		D Employer identif	ication number		
	Addre	BURLINGTON COMMUNITY DEVELOPMENT CORP					
	Name chang	Doing business as		7 03-0	336348		
]Initial]return]Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		er 2)865-7019		
	⊐return termir			466,397.			
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code BURLINGTON, VT 05401	G Gross receipts \$				
	⊒return]Applid Ition			H(a) Is this a group			
	⊒tion pendi	SAME AS C ABOVE		for subordinate	—		
	· 0 \ 0 \ 0 \	empt status:	or 52	H(b) Are all subordinates			
		te: NWW.CEDOBURLINGTON.ORG	01 32	H(c) Group exemption	a list. (see instructions)		
		forganization: X Corporation Trust Association Other	I Vas		M State of legal domicile: VT		
	rt I	Summary	L 16a	TOTIOTHALION, 1902	WI State of legal dominicite. V 1		
		Briefly describe the organization's mission or most significant activities: TO H.	ELP FI	URTHER THE C	COMMUNITARY		
Activities & Governance	'	AND ECONOMIC DEVELOPMENT OBJECTIVES OF T	HE CI	TY OF BURLIN	GTON. THE		
'n	2	Check this box if the organization discontinued its operations or dispose					
Ne.				з	_		
ၓၟ	4	Number of independent voting members of the governing body (Part VI, line 1b)			-		
8 S	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0		
/iţi	6	Total number of volunteers (estimate if necessary)			5		
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
٩		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
ø	8	Contributions and grants (Part VIII, line 1h)		0.	-		
nue	9	Program service revenue (Part VIII, line 2g)		465,240.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.			
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,000.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		471,240.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	2.12.22	222 224		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		349,286.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		349,286.			
S	19	Revenue less expenses. Subtract line 18 from line 12		121,954.			
Net Assets or Fund Balances			<u> B</u>	eginning of Current Year			
Sse Bala		Total assets (Part X, line 16)	····	6,738,690. 5,524,027.	6,370,024. 5,019,895.		
et Ind		Total liabilities (Part X, line 26)		1,214,663.			
	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,214,003	1,330,149.		
		alties of perjury, I declare that I have examined this return, including accompanying schedule	e and etater	ments, and to the hest of n	ny knowledge and helief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			ny knowieuge and belief, it is		
uu,	COITC	Land complete. Declaration of preparer (other than officer) is based on an information of wi	mon propart	i ilas aliy kilowicuge.			
Sigr	,	Signature of officer		I Date			
Her		BOB RUSTEN, TREASURER/SECRETARY					
	-	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		SHERYL L. STEPHENS-BURKE,		03/01/17 if self-emplo	P00085224		
	arer	Firm's name MELANSON HEATH AND COMPANY, PC		Firm's EIN	02-0354851		
	Only	Firm's address 102 PERIMETER ROAD					
	•	NASHUA, NH 03063-1301		Phone no. 6 C	3-882-1111		
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO HELP FURTHER THE COMMUNITY AND ECONOMIC DEVELOPMENT OBJECTIVES OF
	THE CITY OF BURLINGTON. THE ORGANIZATION WORKS IN PARTNERSHIP WITH
	CITY DEPARTMENTS TO SECURE FINANCING FOR CITY SPONSORED PROJECTS, AND
	OFTEN HOLDS TITLE TO PROPERTY FOR REDEVELOPMENT EFFORTS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 318,716 including grants of \$) (Revenue \$ 466,397 .
	REAL ESTATE PROJECTS TO PROMOTE ECONOMIC DEVELOPMENT IN THE BURLINGTON
	AREA.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	(o.t.)/5
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 318,716.
<u></u>	rem program on the original of the original of the original origin

Form 990 (2015) BURLINGTON C Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		<u> </u>	
	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		X
14a	, 1 , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	4.		v
40	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,"	40		х
	complete Schedule G, Part III	19		_^

Form 990 (2015) BURLINGTON COMMUNI Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3.7
	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			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
05-	Part V, line 1	34	Λ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	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?	200		
27	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	37		х
30	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		 '`
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	110 Col 7 Will 1 Orth 1000 file 1 oquillou to complete conlecue o	- 30		

Form 990 (2015) **Part V** Sta Statements Regarding Other IRS Filings and Tax Compliance

	Check it Scriedule O contains a response of note to any line in this Part v											
		1			Yes	No						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			4.								
0-	(gambling) winnings to prize winners?		I	1c								
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a	0									
h												
D				2b								
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O											
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х						
b	If "Yes," enter the name of the foreign country:	40000										
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	any contributions that were not tax deductible as charitable contributions?			6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	or gifts									
	were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).											
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ a$	vices p	provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	juired									
	to file Form 8282?	1	 I	7с		X						
	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 of			7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•										
0				8								
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:			30								
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:		L									
	Gross income from members or shareholders	11a										
	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
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	ı										
	organization is licensed to issue qualified health plans	13b										
	Enter the amount of reserves on hand	13c										
				14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eO		14b								

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.02		
17	List the states with which a copy of this Form 990 is required to be filed ▶VT			
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd finar	ncial	
. •	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CITY OF BURLINGTON TREASURER'S OFFICE - 802-865-7144			
	149 CHIRCH STREET RIBITINGTON VT 05401			

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

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

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

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

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

X Check this box if neither the organization		orga	aniza			mpe	nsat				
(A)	(B)			(C	C)	,		(D)	(E)	(F)	
Name and Title	Average		Positio					Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of other	
	week (list any	io.					Ė	from the	from related organizations	compensation	
	hours for	Individual trustee or director				-		organization	(W-2/1099-MISC)	from the	
	related	e or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization	
	organizations	trust	Institutional trustee		yee	mbel		,		and related	
	below	idual	ution	-E	oldma	est co oyee	le.			organizations	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Form				
(1) MAYOR MIRO WEINBERGER	1.00										
PRESIDENT		X						0.	0.	0.	
(2) JANE KNODELL	1.00										
VICE PRESIDENT		Х						0.	0.	0.	
(3) BOB RUSTEN	1.00										
TREASURER/SECRETARY		Х						0.	0.	0.	
(4) SHARON BUSHOR	1.00									_	
BOARD MEMBER		Х						0.	0.	0.	
(5) KAREN PAUL	1.00									_	
BOARD MEMBER		Х						0.	0.	0.	
(6) KURT WRIGHT	1.00									_	
BOARD MEMBER		Х						0.	0.	0.	
		$\frac{1}{2}$									
-		\vdash									
		-									
		-									
		<u> </u>									
		1									
		_	-	_		_					
		\mid									
		_	_			_					
		\mid									
		1	ı	1		1	1	1	l		

532007 12-16-15 Form **990** (2015)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(((D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	e	Es	timate	:d
	hours per week	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation from related organizations			nount (of
	(list any	\vdash					Ĺ	from the			l	other pensa	tion
	hours for	direct				p		organization	(W-2/1099-MI			om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	,	org	anizati	on
	organizations	al trus	onal tr		loyee	comp						d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	anizatio	ons
		드	드	5	종	를 등	<u> </u>						
						\vdash							
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)									000 of war and a				<u> </u>
Total number of individuals (including but n compensation from the organization	ot ilmited to tr	iose	liste	eu ai	DOV	e) wi	10 re	eceived more than \$100	,000 of reportat	ые			C
Compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y er	nplo	ovee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s				-	-	-		-			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a										3			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest co the organization. Report compensation for										ripens	ation 1	rom	
(A)	ine calendar y	ear e	enui	ng v	VILII	OI W	101111	(B)	year.		(0	2)	
Name and business	address	NC	INC	3				Description of s	ervices	c		nsatio	า
							_						
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot lir	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organi						0							

Form 990 (2015) BURLING Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns	1a					
irar		Membership dues						
Å,	С		·····					
ar /			1d					
a,e		Government grants (contribut	······					
Sign		A.II II						
le E	•	similar amounts not included above						
호텔								
Contributions, Gifts, Grants and Other Similar Amounts	g	Total. Add lines 1a-1f						
- 1		Total. Add lines 1a-11		Business Code				
o l	2 2	RENT		531190	358,000.	358,000.		
ķ	2 a b	TAMBBBBBB ON TOX	NS	900099	102,287.	102,287.		
Ser				300033	102/2071	102/2071		
Program Service Revenue	C							
gra Re	d							
Pro	e	All others are are a consider your						
	'	All other program service reve			460,287.			
\dashv		Total. Add lines 2a-2f			400,207.			
	3	Investment income (including	•	· .				
		other similar amounts)		. г				
	4	Income from investment of tax		· •				
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents						
	b							
	С.	, ,						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		······ •				
ne	8 a	Gross income from fundraising	•					
Other Revenue		including \$						
Re		contributions reported on line	•					
ē		Part IV, line 18						
₽		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		·····				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
Ļ	С	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	е	Business Code				
	11 a	MISCELLANEOUS		900000	6,110.	6,110.		
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		▶	6,110.			
	12	Total revenue See instructions		▶	466.397.	466.397.	0.	ι 0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 8,000. 8,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 201,467. 197,252. 4,215. Interest 20 Payments to affiliates 21 62,538. 62,538. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 44,710. 44,710. AMORTIZATION 14,216. 14,216. REAL ESTATE TAXES b С d All other expenses е 330,931. 318,716. 12,215. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015)
Part X Balance Sheet

Part A	`	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	106.	1	107.
2	2	Savings and temporary cash investments	230,937.	2	64,051.
3	3	Pledges and grants receivable, net		3	
4	1	Accounts receivable, net		4	
5		Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
6	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1,647,864.	7	1,553,666
8 گ	3	Inventories for sale or use		8	
9	9	Prepaid expenses and deferred charges		9	
10)a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,183,030.			
	b	Less: accumulated depreciation 10b 635,451.	4,610,118.	10c	4,547,579
11		Investments - publicly traded securities		11	
12	2	Investments - other securities. See Part IV, line 11		12	
13	3	Investments - program-related. See Part IV, line 11		13	
14	1	Intangible assets		14	
15	5	Other assets. See Part IV, line 11	249,665.	15	204,621
16	3	Total assets. Add lines 1 through 15 (must equal line 34)	6,738,690.	16	6,370,024 3,425
17	7	Accounts payable and accrued expenses	3,758.	17	3,425
18	3	Grants payable		18	
19	9	Deferred revenue		19	78,000
20)	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 22	2	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
- 23	3	Secured mortgages and notes payable to unrelated third parties	4,080,599.	23	3,846,048
24	1	Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,439,670.	25	1,092,422
26	3	Total liabilities. Add lines 17 through 25	5,524,027.	26	5,019,895
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29		complete lines 27 through 29, and lines 33 and 34.	1 21 1 22		
င္က 27	7	Unrestricted net assets	1,214,663.	27	1,350,129
g 28	3	Temporarily restricted net assets		28	
29	9	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
30 31 32 31 32 32 32 33 32 33 32 33 32 33 32 33 32 33 32 33 33		and complete lines 30 through 34.			
2 30)	Capital stock or trust principal, or current funds		30	
ž 31	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	2	Retained earnings, endowment, accumulated income, or other funds	4 04 4 555	32	4 050 100
z 33	3	Total net assets or fund balances	1,214,663.	33	1,350,129
34	1	Total liabilities and net assets/fund balances	6,738,690.	34	6,370,024

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,21	<u>4,6</u>	<u>63.</u>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,35	0,1	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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				
	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 in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	J	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	are quitte, explain why in School de O and decepting any steps to undergo and to addition		ah		

Form **990** (2015)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BURLINGTON COMMUNITY DEVELOPMENT CORP

Employer identification number 03-0336348

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	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		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No_
Pa	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	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
D-	conservation easements.	f Aut Historical Transcrupe and	Athan Cincilan Assats
Pa	rt III Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	•	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic 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 treations of the control of the co		al gain, provide
	the following amounts required to be reported under SFAS 1		> 0
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	r Similar	Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t are a si	gnificant us	e of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizati	on's exer	npt purpose	e in Par	t XIII.	
5	During the year, did the organization solicit or									
_	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par	-		, o. g				 ,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included	,		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, ,		Ü						Amount	
С	Beginning balance						1c	-		
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•	🖵		
$\overline{}$	t V Endowment Funds. Complete if						n			
	2 rac Willer Lander Complete in	(a) Current year		rior year	(c) Two year		d) Three year	re hack	(e) Four ye	are back
4.	Deginning of year halance	(a) Current year	(0) F	Tior year	(C) TWO year	13 Dack (uj illiee yeal	S Dack	(e) i oui ye	ais back
_	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
	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	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	ered for th	e organizat	ion		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?)				3b	
4	Describe in Part XIII the intended uses of the									<u> </u>
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part I	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o		i	t or other		cumulated		(d) Book v	/alue
	,	basis (investr			(other)		reciation		` '	
	Land	 			2,645.				492	,645.
	Buildings				0,385.	6	35,451		4,054	
	Leasehold improvements			, · · ·				+		<u> </u>
d	Equipment							+		
	Other							+		
	. Add lines 1a through 1e. (Column (d) must ed		X. colur	nn (B) line i	10c)			_	4,547	,579.

Ci		F 000 D+ IV II	- 441- O F 000 D	+ V . II 40	
	omplete if the organization answered "Yes" of Security or Category (including name of security)	on Form 990, Part IV, III (b) Book value			-of-year market value
		(b) Book value	(c) Wethod of Value	tion. Cost of cha	or year market value
	erivatives d equity interests				
) Other	d equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nust equal Form 990, Part X, col. (B) line 12.)				
Part VIII Ir	nvestments - Program Related.				
	omplete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8) (9)					
	nust equal Form 990, Part X, col. (B) line 13.)				
	ther Assets.				
	omplete if the organization answered "Yes"	on Form 990, Part IV, lin Description	e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1)	omplete if the organization answered "Yes"		e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2)	omplete if the organization answered "Yes"		e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2) (3)	omplete if the organization answered "Yes"		e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2) (3) (4)	omplete if the organization answered "Yes"		e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	omplete if the organization answered "Yes"		e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	omplete if the organization answered "Yes"		e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	omplete if the organization answered "Yes"		e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	omplete if the organization answered "Yes"		e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Par	t X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities.	Description = 15.)		>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line	Description = 15.)		>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description = 15.)	e 11e or 11f. See Form 99	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Cart X O	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (ther Liabilities. omplete if the organization answered "Yes"	Description = 15.)	e 11e or 11f. See Form 99	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Cart X O	(a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description = 15.)	e 11e or 11f. See Form 99 (b) Book value	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O (1) Federa (2) DUE	(a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description = 15.)	e 11e or 11f. See Form 99 (b) Book value	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O Column (2) DUE (3)	(a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description = 15.)	e 11e or 11f. See Form 99 (b) Book value	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) DUE (3) (4)	(a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description = 15.)	e 11e or 11f. See Form 99 (b) Book value	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O Column (2) DUE (3) (4) (5)	(a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description = 15.)	e 11e or 11f. See Form 99 (b) Book value	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Dart X O (1) Federa (2) DUE (3) (4) (5) (6)	(a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description = 15.)	e 11e or 11f. See Form 99 (b) Book value	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Cart X O (1) Federa (2) DUE (3) (4) (5) (6) (7)	(a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	Description = 15.)	e 11e or 11f. See Form 99 (b) Book value	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O (1) Federa (2) DUE (3) (4) (5) (6) (7) (8) (9)	(a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities. omplete if the organization answered "Yes" (a) Description of liability	e 15.)on Form 990, Part IV, lin	e 11e or 11f. See Form 99 (b) Book value	>	

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Dona	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b	·· 		
		(Describe in Part XIII.)	<u>- </u>		
_		ines 4a and 4b			
5 D 2		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial States			
Га	I L AII	· · ·	-	nises per neturn.	
_	Total	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		1	
1		expenses and losses per audited financial statements			
2 a		ınts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities	2a		
		year adjustments			
c		losses			
		(Describe in Part XIII.)			
		ines 2a through 2d		2e	
3		act line 2e from line 1			
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)	·· 		
С	Add li	nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII	Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pad 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac		Part V, line 4; Part X, line 2; Part XI	,

SCHEDULE 0 (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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Inspection

Name of the organization

BURLINGTON COMMUNITY DEVELOPMENT CORP

Employer identification number 03-0336348

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

THE TREASURER REVIEWS THE 990 BEFORE IT IS FILED.

CHANGED FROM THE PRIOR YEAR.

THIS PROCESS HAS NOT

SCHEDULE R (Form 990)

Part I

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

BURLINGTON COMMUNITY DEVELOPMENT CORP

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

Employer identification number 03-0336348

(a)	(b)	(c)	(d)	(e)		(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year	I	controlling ntity
Identification of Deleted Toy Evenet Owner	tions Complete if the examination	n anguared "Voo" on Form 000	Dort IV line 24 h	accuse it had one o	r mare related toy eye	mnt
Identification of Related Tax-Exempt Organizations during the tax year.	itions Complete if the organization	n answered Tes" on Form 990,	, Part IV, line 34 D	ecause it had one d	r more related tax-exe	прі
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 51

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CITY OF BURLINGTON, VT - 03-6000410							
149 CHURCH STREET							
BURLINGTON, VT 05401	CITY GOVERNMENT	VERMONT	GOVTL ENTITY				X

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

Schedule R (Form 990) 2015

Part III IC	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
rait III o	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	ations?	amount in box	managin partner	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		asseis	Yes	No	20 of Coffication	Yes N	5
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-	1										
	-										
											<u> </u>
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	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	Sec 512(t contr ent	
		country)		,				Yes	No
	-								
									
	-								
									<u> </u>
	-								
	-								

Page 3

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
	During the tax year, did the organization engage in any of the following transactions						X		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	Gift, grant, or capital contribution to related organization(s)								
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)					X			
f	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)						Х		
	Purchase of assets from related organization(s)						X		
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)						X		
-	•								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
1	Performance of services or membership or fundraising solicitations for related organi						X		
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)						X		
	3 (/								
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	Reimbursement paid by related organization(s) for expenses					Х			
-									
r	Other transfer of cash or property to related organization(s)				1r	Х			
	Other transfer of cash or property from related organization(s)				1s		X		
	If the answer to any of the above is "Yes," see the instructions for information on wh								
_		•	·	·					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount	involved				
	•	type (a-s)							
(1) (TITY OF BURLINGTON, VT	E	3,846,048.	CONFIRMATION					
. ,	·								
·~ (TOV OF BIDITANCOON VO	M	0	CO GTT					

(2) CITY OF BURLINGTON, VT U.COST (3) CITY OF BURLINGTON, VT 0.COST Ρ (4) CITY OF BURLINGTON, VT 0.COST Q (5)

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	III s sec.	(f) Share of total	(g) Share of end-of-year		opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana	al or Per	(k) ercentage
or smirty		country)	excluded from tax under sections 512-514)	Yes I	.? No	income	assets		No	of Schedule K-1 (Form 1065)	Yes	NO	W TO CO THE
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Form	8868 (Rev. 1-2014)					Page 2			
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	xtension, o	complete only Part II and check this	s box	>	X			
	Only complete Part II if you have already been granted an			led Form	8868.				
_	ou are filing for an Automatic 3-Month Extension, comple			-1 (
Par	t II Additional (Not Automatic) 3-Month E	extensio			• • • • • • • • • • • • • • • • • • • •				
	T.,		Enter filer's		ng number, see inst				
Type	or Name of exempt organization or other filer, see instru	Employer	er identification number (EIN) or						
print File by	be BURLINGTON COMMUNITY DEVELO	03-0336348							
due dat	e for Number, street, and room or suite no. If a P.O. box. s	Social se	Social security number (SSN)						
filing yo	W L/O CIEDE OFFICE 140 CHIEDCH		,						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	BURLINGTON, VT 05401	_							
Enter	the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 1			
	cation	Return	Application			Return			
Is Fo		Code	Is For			Code			
	990 or Form 990-EZ	01	- 1011						
	990-BL	02	Form 1041-A			08			
	4720 (individual)	03	Form 4720 (other than individual)			09			
	990-PF	04 05	Form 5227 Form 6069			10			
	990-T (sec. 401(a) or 408(a) trust) 990-T (trust other than above)	06	Form 8870		11 12				
	990 । (trust other than above) ! Do not complete Part II if you were not already grante			iously file	d Form 8868	12			
3101			TREASURER'S OFFICE	lously file	3 4 1 01111 0000.				
• Th	e books are in the care of > 149 CHURCH STR			401					
	ephone No. ► 802-865-7144		Fax No. ▶						
	he organization does not have an office or place of busines	s in the Ur	-						
	his is for a Group Return, enter the organization's four digit					heck this			
box		_	ich a list with the names and EINs of						
4	I request an additional 3-month extension of time until		15, 2017						
5	For calendar year, or other tax year beginning	JUL 1	, 2015 , and ending	g JUN	30, 2016				
6	If the tax year entered in line 5 is for less than 12 months,	check reas	on: Initial return	Final r	eturn				
	Change in accounting period								
7	State in detail why you need the extension								
	ADDITIONAL TIME IS NEEDED TO		R THE INFORMATION	REQUI	RED TO PRE	PARE			
	A COMPLETE AND ACCURATE RETUR	N •							
	If their conditional in faul Faurer 2000 PL 2000 PE 2000 T 4700	0000	and a thing to a table of the state of the s						
ва	If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any	0-	Φ.	0.			
b	nonrefundable credits. See instructions.	8a	\$	<u>. </u>					
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069 tax payments made. Include any prior year overpayment a								
	previously with Form 8868.	8b	\$	0.					
С	Balance due. Subtract line 8b from line 8a. Include your pa	05	<u> </u>						
	EFTPS (Electronic Federal Tax Payment System). See instr	8c	\$	0.					
	Signature and Verification must be completed for Part II only.								
Under it is tru	penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this f	ding accome	•	-	f my knowledge and be	elief,			
Signat	ure ▶ Title ▶	TREAS	URER/SECRETARY	Date	•				
Jigilal	11110		,	Date	F 0000 /D	1 001 1			