TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	BURLINGTON COMMUNITY DEVELOPMENT CORP C/O CLERK OFFICE 149 CHURCH STREET BURLINGTON, VT 05401
Prepared by	MELANSON HEATH AND COMPANY, PC 102 PERIMETER ROAD NASHUA, NH 03063-1301
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

IRS e-file Signature Authorization for an Exempt Organization

			•			
r calendar year 2016, or fiscal year beginning	${\sf JUL}$	1	, 2016, and ending	JUN	30	, 20 1 '

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

Internal Revenue Service	▶ Inform	ation about Form	8879-EO and its instructio	ns is at www.irs.gov/form88	879eo.	
Name of exempt organization						entification number
DIDI TNOMONI GO	NAME OF THE OWN	DEVEL ODW	ENTE CODD		02.02	26240
BURLINGTON CO)WWONT.T. X	DEVELOPM.	ENT CORP		03-03	36348
Name and title of officer						
BOB RUSTEN	אם בשמטע					
TREASURER / SEC		l Deturn Inforn	nation (Whole Dollars Onl			
			•	<u>y)</u> applicable amount, if any, fro		. If
on line 1a, 2a, 3a, 4a, or s whichever is applicable, b than 1 line in Part I.	5a, below, and blank (do not er	the amount on that nter -0-). But, if you	t line for the return being file entered -0- on the return, th	ed with this form was blank, en enter -0- on the applicabl	then leave lin le line below.	ne 1b, 2b, 3b, 4b, or 5b, Do not complete more
1a Form 990 check here		b Total revenue,	if any (Form 990, Part VIII, c	column (A), line 12)	1b _	459,903.
2a Form 990-EZ check h	· . r	b Total reven	iue, if any (Form 990-EZ, line	9)	2b _	
3a Form 1120-POL chec	· —	b Total ta	ix (Form 1120-POL, line 22)		3b _	
4a Form 990-PF check h				rm 990-PF, Part VI, line 5)		
5a Form 8868 check her	e ▶ ∟∟	b Balance Due (F	form 8868, line 3c)		5b _	
Part II Declara	tion and Si	gnature Autho	rization of Officer			
intermediate service prov (a) an acknowledgement the date of any refund. If debit) entry to the financiareturn, and the financial in 1-888-353-4537 no later the processing of the electrol payment. I have selected organization's consent to Officer's PIN: check one	ider, transmitte of receipt or re applicable, I au al institution ac nstitution to de han 2 busines nic payment of a personal ide electronic fund	er, or electronic returns as on for rejection of athorize the U.S. Traccount indicated in the entry to this adays prior to the part taxes to receive contification number and swithdrawal.	urn originator (ERO) to send of the transmission, (b) the reseasury and its designated F the tax preparation software account. To revoke a paymosyment (settlement) date. I onfidential information neces (PIN) as my signature for the	e organization's electronic re the organization's return to eason for any delay in proce inancial Agent to initiate an e for payment of the organiz itent, I must contact the U.S. also authorize the financial is ssary to answer inquiries and e organization's electronic re	the IRS and the retressing the retressing the retrestation's federal. Treasury Fininstitutions in differential resolve issues.	to receive from the IRS urn or refund, and (c) ands withdrawal (direct al taxes owed on this nancial Agent at avolved in the ues related to the applicable, the
X I authorize ME	ELANSON	HEATH AND	COMPANY, PC		to enter my I	-
			ERO firm name			Enter five numbers, but do not enter all zeros
is being filed wi enter my PIN o	th a state ager n the return's c	ncy(ies) regulating of lisclosure consent :	charities as part of the IRS F screen.	n. If I have indicated within the ded/State program, I also aut	thorize the af	orementioned ERO to
indicated withir	this return tha	at a copy of the retu		rganization's tax year 2016 e agency(ies) regulating char		
Officer's signature						
Part III Certifica	ation and A	uthentication				
ERO's EFIN/PIN. Enter y			fication			
number (EFIN) followed b	•	•		02081785224 do not enter all zeros		
	ing this return i			ctronically filed return for the 163, Modernized e-File (MeF		
ERO's signature				Date ▶03/	20/18	
		EDO Must	Retain This Form - S	as Instructions	· · · · · · · · · · · · · · · · · · ·	

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

EXTENDED TO MAY 15, 2018

ggn

Return of Organization Exempt From Income Tax

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

b

Open to Public

OMB No. 1545-0047

Department of the Treasury

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

Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection JUL 1, 2016 and ending JUN 30, A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change BURLINGTON COMMUNITY DEVELOPMENT CORP Name change 03-0336348 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ C/O CLERK OFFICE 149 CHURCH STREET (802)865-7019termin-ated 459,903. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BURLINGTON, VT 05401 H(a) Is this a group return Applica-F Name and address of principal officer: BOB RUSTEN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: _ 501(c)(3) **X** 501(c) (**4**) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CEDOBURLINGTON.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1982 M State of legal domicile: VT Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP FURTHER THE COMMUNITY Activities & Governance AND ECONOMIC DEVELOPMENT OBJECTIVES OF THE CITY OF BURLINGTON. THE Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 0. Contributions and grants (Part VIII, line 1h) Revenue 460,287 453,903. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 6,000. 6,110.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 466,397. 459,903. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25)

Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block

Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Cian	Signature of officer	Date					
Sign Here	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, 03/20	/18 self-employed P00085224					
Preparer	Firm's name MELANSON HEATH AND COMPANY, PC	Firm's EIN ▶ 02-0354851					
Use Only	Inly Firm's address 102 PERIMETER ROAD						
	NASHUA, NH 03063-1301	Phone no.603-882-1111					
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Ves No					

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 18 from line 12

317,082.

317,082.

142,821.

6,132,043.

4,639,093.

1,492,950.

End of Year

330,931.

330,931.

135,466.

350,129.

Beginning of Current Year

6,370,024.

5,019,895.

Form **990** (2016)

Form	990 (2016) BURLINGTON COMMUNITY DEVELOPMENT CORP 03-0336348 Page 2	2
	t III Statement of Program Service Accomplishments	=
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	_
	TO 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.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No)
	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 \$ 305,888. including grants of \$) (Revenue \$ 453,903. REAL ESTATE PROJECTS TO PROMOTE ECONOMIC DEVELOPMENT IN THE BURLINGTON)
	AREA.	_
	AREA.	—
		—
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4b	(Code:) (Expenses \$)
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		-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
	/ Code:	,
		_
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		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{100000000000000000000000000000000000	_
4e	Total program service expenses 305,888.	

Form 990 (2016) BURLINGTON C Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		Х
2	If "Yes," complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G, Part III	19	l .	-22

Form 990 (2016) 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?	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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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		77	
	Part V, line 1	34	X	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			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016) BURLINGTON COMMUNITY DEVELOPMENT Part V 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,	00	0			
h	filed for the calendar year ending with or within the year covered by this return			2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retur. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20		
32				За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			0.5		
	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		

Form 990 (2016) 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	•	•	•
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	d 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 BURLINGTON VT 05401			

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

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

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

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

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	ı coı	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	Jer an	iu a u	III ecu	Jirii us	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	96 Or (stee			ısatec		(W-2/1099-MISC)	(***-2/1099-101130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** = / ********************************		and related
	below	idual	ution	<u>-</u>	Key employee	est co o yee	le.			organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) MAYOR MIRO WEINBERGER	1.00									
PRESIDENT		Х						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.
						-				
						\vdash				
						\vdash				
						1				

632007 11-11-16 Form **990** (2016)

BURLINGTON COMMUNITY DEVELOPMENT CORP 03-0336348 Page 8 Form 990 (2016) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation ndividual trustee or director hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations)fficer line) 0. 0. 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed	d above) who received more than	

\$100,000 of compensation from the organization

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Form 990 (2016) BURLING
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	4.					
S, G	С	Fundraising events	1c					
ar,		Related organizations						
imi		0						
rior S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f					
d of	g	Noncash contributions included in lines	1a-1f: \$					
<u>වූ ළ</u>	h	Total. Add lines 1a-1f		>				
				Business Code				
e S	2 a	RENT		531190	358,000.	358,000.		
e Zi	b	INTEREST ON LOA	NS	900099	95,903.	95,903.		
Program Service Revenue	С							
lev ev	d							
og F	е							
۵.	f	All other program service reve	nue		4-0-0-0-0			
	g	Total. Add lines 2a-2f			453,903.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)						
	4	Income from investment of tax		•				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	b							
	С	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		D				
ne	8 а	Gross income from fundraising	g events (not					
Ver		including \$	10) 500					
Other Reven		contributions reported on line Part IV, line 18						
je	h	Less: direct expenses						
ŏ		Net income or (loss) from func						
		Gross income from gaming ac						
	Ju	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a	MISCELLANEOUS		900000	6,000.			6,000.
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			6,000.			
	12	Total revenue. See instructions.			459,903.	453,903.	0.	6,000.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 7,000. 7,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 187,957. 184,158. 3,799. 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 14,482. REAL ESTATE TAXES 14,482. b REGULATORY AND BANK FEE 395. <u>395.</u> С d All other expenses е 317,082. 305,888. 11,194. 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 (2016) Part X Balance Sheet

Pai	IL A	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	107.	1	0.
	2	Savings and temporary cash investments	64,051.	2	32,210.
	3	Pledges and grants receivable, net		3	
	4	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	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			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L	1 552 666	6	1 455 010
Assets	7	Notes and loans receivable, net	1,553,666.	7	1,455,218.
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,183,030.	4 5 4 5 5 5 6		4 405 041
	b	Less: accumulated depreciation 10b 697,989.	4,547,579.	10c	4,485,041.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	004 601	14	450 554
	15	Other assets. See Part IV, line 11	204,621.	15	159,574.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,370,024.	16	6,132,043.
	17	Accounts payable and accrued expenses	3,425.	17	3,088.
	18	Grants payable	TO 000	18	70.000
	19	Deferred revenue	78,000.	19	78,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	2 046 040	22	2 (00 220
_	23	Secured mortgages and notes payable to unrelated third parties	3,846,048.	23	3,602,332.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1 000 400		055 672
		Schedule D	1,092,422.	25	955,673.
	26	Total liabilities. Add lines 17 through 25	5,019,895.	26	4,639,093.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.	1 250 120		1 402 050
<u>a</u>	27	Unrestricted net assets	1,350,129.	27	1,492,950.
Ва	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
ī.		Organizations that do not follow SFAS 117 (ASC 958), check here			
Š		and complete lines 30 through 34.		00	
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	1,350,129.	32	1 /02 050
_	33	Total net assets or fund balances		33	1,492,950.
	34	Total liabilities and net assets/fund balances	6,370,024.	34	6,132,043.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2016)

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	t 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, lin	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	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	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t 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 organizati	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	n 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	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
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	nservation 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	s the organization's accounting for
Do	conservation easements. † III Organizations Maintaining Collections or	f Art Historical Tracquires or (Other Similar Assets
Pa	Complete if the organization answered "Yes" on Form	-	Other Similar Assets.
	-		was and had a sand a sand a sand
ıa	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		
D	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 pr	ublic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		·
_			
2	If the organization received or held works of art, historical treation following appropriate to be used as the following appropriate to be used as the following appropriate to be used as the following appropriate to the		ai gain, provide
_	the following amounts required to be reported under SFAS 1		•
a	Revenue included on Form 990, Part VIII, line 1		

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, o	r Othe	r Simila	ar Asse	ts (contin	ued)	
a	3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the	following that	t are a sig	nificant	use of its	collection	items	
b		(check all that apply):										
c	а	Public exhibition	d	ı	an or exc	hange progra	ıms					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year t Ending balance 11	b	Scholarly research	е	· L Ot	her							
to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes N	4	Provide a description of the organization's co	llections and explai	n how the	y further t	he organization	on's exen	npt purpo	se in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ N b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ It □ □ It □ □ □ □	5									7		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 7 The percentages on lines 2a, 2b, and 2c should equal 100%. 8 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	_											No
on Form 990, Part X? b fr "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1t 1t 1t 1t 1t 1t 1t 1	Pai		-	ete if the o	rganizatio	on answered "	Yes" on I	Form 990), Part IV,	line 9, or		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ntribution	ns or other as:	sets not i	ncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		on Form 990, Part X?								Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Scholarships (e) Four years back or Scholarships (e) Four years back or Scholarships (e) Chter expenditures for facilities and programs f Administrative expenses (f) Administrative expenses (f) Four year balance (f) Four year scholarships (f) Four years back (f) Four year	b											
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Contributions c Net investment earnings, gains, and losses or Contributions and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations										Amount		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\bigcirc \) % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	С	Beginning balance						1c				
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations												
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f	Ending balance						1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a									Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation	has beer	provided on	Part XIII					
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Pai	t V Endowment Funds. Complete if	the organization ar	swered "Y	es" on Fo	orm 990, Part	IV, line 1	0.				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ———————————————————————————————————			(a) Current year	(b) Pric	r year	(c) Two years	s back (d) Three y	ears back	(e) Four	years b	ack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations Yes N	b	Contributions										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i)	С	Net investment earnings, gains, and losses										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships										
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities										
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations Yes N 3a(i)		and programs										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses										
a Board designated or quasi-endowment ▶	g	End of year balance										
b Permanent endowment ▶	2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g,	column (a	a)) held as:						
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) 3a(i)	b	Permanent endowment >	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) 3a(i)	С	Temporarily restricted endowment ▶	%									
by: (i) unrelated organizations Yes N 3a(i)		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
(i) unrelated organizations 3a(i)	3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administe	red for th	e organiz	ation	_		
		by:								,	Yes	No
		(i) unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sch	nedule R?					3b		
4 Describe in Part XIII the intended uses of the organization's endowment funds.				wment fui	nds.							
Part VI Land, Buildings, and Equipment.	Pai											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.			d "Yes" on Form 990	D, Part IV, I			, Part X, I	ine 10.				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation		Description of property	1 , ,			I	` '		d	(d) Book	value	
1a Land 492,645. 492,645	1a	Land			49	2,645.				492	7,64	5.
b Buildings 4,690,385. 697,989. 3,992,396					4,69	0,385.	6	97,9	39.	3 <u>,</u> 992	2 <u>,</u> 39	6.
c Leasehold improvements												
d Equipment												
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column	(B), line	10c.)			•	4,485	,04	1.

	Complete if the organization answered "Yes	" on Form 990, Part IV, III	ie Tib. See Form 990	J, Fait ∧, III le 1∠.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
I) Financia	al derivatives				
	held equity interests				
) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.	•	_		
	Complete if the organization answered "Yes	" on Form 990. Part IV. lir	ne 11c. See Form 990). Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
(1)					•
(2)					
(3)					
(4)					
(5)					
(6)					
/ 7 \					
(7)					
(8)					
(8) (9) tal. (Col. (I	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.				
(8) (9) tal. (Col. (l	Other Assets. Complete if the organization answered "Yes	on Form 990, Part IV, lir	ne 11d. See Form 990), Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990), Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I Part IX	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990	D, Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I) Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990	D, Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990	D, Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I Part IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990), Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I Part IX) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990), Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I Part IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990), Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I Part IX) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes		ne 11d. See Form 990	D, Part X, line 15.	(b) Book value
(8) (9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes (a	Description	ne 11d. See Form 990	D, Part X, line 15.	(b) Book value
(8) (9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes (a	ne 15.)			
(8) (9) otal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes (a) (a) Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes	ne 15.)	ne 11e or 11f. See Fo		
(8) (9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X	Other Assets. Complete if the organization answered "Yes (a) Time (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	ne 15.)			
(8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (2) (3) (4) (5) (6) (7) (8) (9) (7) (1) Fed	Other Assets. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	
(8) (9) tal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colument X (1) Feed	Other Assets. Complete if the organization answered "Yes (a) Time (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	
(8) (9) tal. (Col. (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X	Other Assets. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	
(8) (9) tal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation X) (1) Fed (2) DU	Other Assets. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	
(8) (9) ptal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Colu Part X (1) Fed (2) DU (3)	Other Assets. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	
(8) (9) ptal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Columnation of the columnation of the columna	Other Assets. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	
(8) (9) ptal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Columnation of the columnation of the columna	Other Assets. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	
(8) (9) ptal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Colument X) (1) Feed (2) DU (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	
(8) (9) otal. (Col. (I) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colument X) (1) Fed (2) DU (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes (a) Description of liability leral income taxes	ne 15.) on Form 990, Part IV, lin	ne 11e or 11f. See Fo	rm 990, Part X, line 2	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 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 additional information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

632054 08-29-16 Schedule D (Form 990) 2016

SCHEDULE O (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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BURLINGTON COMMUNITY DEVELOPMENT CORP

Employer identification number 03-0336348

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

SCHEDULE R (Form 990)

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.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Department of the Treasury Internal Revenue Service

BURLINGTON COMMUNITY DEVELOPMENT CORP

(b)

Primary activity

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

Employer identification number 03-0336348

(f)

Direct controlling

entity

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	ganizations. Complete if the organiza	ation answered "Yes" on Form 99	0, Part IV, line 34 t	pecause it had one	or more related 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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CITY OF BURLINGTON, VT - 03-6000410 149 CHURCH STREET							
BURLINGTON, VT 05401	CITY GOVERNMENT	VERMONT	GOVTL ENTITY				X

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

		,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or			Share of total income	end-of-year		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	-
				·			1		, ,		
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
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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 country)	(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		(i) ction (b)(13) trolled tity?
								100	

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	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or r	more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e	X			
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
							Х		
k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х		
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
	Sharing of paid employees with related organization(s)				10		Х		
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r	Х			
	Other transfer of cash or property from related organization(s)				1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	plete tl	nis line, including covered	relationships and transaction thresholds.					
	(a) Name of related organization (b) Transaction type (a-signature)		(c) Amount involved	(c) (d)					
(1)	CITY OF BURLINGTON, VT E		3,602,332.	CONFIRMATION					
	OTMY OF DUDI INCMON 1/M		0	OO O.					

Name of related organization

(a)
Name of related organization

(b)
Transaction
Type (a·s)

(c)
Amount involved

Method of determining amount involved

(d)
Method of determining amount involved

(1) CITY OF BURLINGTON, VT

E 3,602,332. CONFIRMATION

(2) CITY OF BURLINGTON, VT

M 0. COST

(3) CITY OF BURLINGTON, VT

P 0. COST

(4) CITY OF BURLINGTON, VT

Q 0. COST

(5)

(6)

Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
	1											
	1											
				\vdash				-	-		\vdash	-
	-											
	-											
				Ш								
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	<u> </u>	I	l .	\perp				1			Щ	000\ 004