

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VERMONT HUMANITIES COUNCIL		D Employer identification number ** - ***7809
	Doing business as		E Telephone number (802) 262-2626
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	11 LOOMIS STREET		G Gross receipts \$ 2,121,414.
	City or town, state or province, country, and ZIP or foreign postal code MONTPELIER, VT 05602		
F Name and address of principal officer: CHRISTOPHER KAUFMAN ILST 11 LOOMIS STREET, MONTPELIER, VT 05602		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.VERMONT HUMANITIES.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1975** **M** State of legal domicile: **VT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,320,624.	Current Year 1,939,018.
	9 Program service revenue (Part VIII, line 2g)	77,477.	21,290.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,270.	34,978.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	476.	2,537.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,475,847.	1,997,823.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	91,450.	517,900.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	777,586.	741,760.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 141,619.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	692,083.	320,219.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,561,119.	1,579,879.	
19 Revenue less expenses. Subtract line 18 from line 12	-85,272.	417,944.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,494,350.	End of Year 3,049,401.
	21 Total liabilities (Part X, line 26)	131,272.	104,616.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,363,078.	2,944,785.

Part II Signature Block

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.

Sign Here	Signature of officer		Date		
	CHRISTOPHER KAUFMAN ILSTRUP, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CONNIE FELLION	Preparer's signature	Date 05/17/21	Check if self-employed <input type="checkbox"/>	PTIN P01875413
	Firm's name ▶ MCSOLEY MCCOY & CO.	Firm's EIN ▶ ** - ***7374	Phone no. (802) 658-1808		
Firm's address ▶ 118 TILLEY DRIVE, STE. 202 SOUTH BURLINGTON, VT 05403					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: VERMONT HUMANITIES SEEKS TO ENGAGE ALL VERMONTERS IN THE WORLD OF IDEAS, FOSTER A CULTURE OF THOUGHTFULNESS, AND INSPIRE A LIFELONG LOVE OF READING AND LEARNING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 884,009. including grants of \$ 489,900.) (Revenue \$ 23,827.) LECTURE AND DISCUSSION PROGRAMS (SPEAKERS & GRANTS) - THESE PROGRAMS BRING HUMANITIES LECTURES, PRESENTATION, AND CONFERENCES TO INDIVIDUALS ACROSS THE STATE. EVERY YEAR, SPEAKERS MAKE MORE THAN 150 APPEARANCES AT LOCAL LIBRARIES, HISTORICAL SOCIETIES, SENIOR CENTERS, AND OTHER PLACES IN THE COMMUNITY.

4b (Code:) (Expenses \$ 90,939. including grants of \$ 28,000.) (Revenue \$) HUMANITIES-BASED LITERACY PROGRAMS - VARIETY OF PROGRAMS TO PROMOTE LITERACY IN VERMONT. "NEVER TOO EARLY" IS A PROFESSIONAL, DEVELOPMENT OPPORTUNITY OFFERING EARLY LITERACY WORKSHOPS FOR CHILDCARE PROVIDERS, AS WELL AS FAMILY LITERACY TRAININGS FOR PARENTS. "CONNECTIONS": IS A SCHOOL OF VERMONT, THE VERMONT DEPARTMENT OF CORRECTIONS, AND COMMUNITY ORGANIZATIONS. HUMANITIES CAMPS ARE WEEK-LONG SUMMER DAY CAMPS FOR AT-RISK MIDDLE-SCHOOL STUDENTS. THE CAMPS AIM TO STRENGTHEN LITERACY SKILLS AND BUILD POSITIVE PEER GROUPS AND A LOVE OF READING. "VOICES" IS A PROFESSIONAL DEVELOPMENT PROGRAM FOR ADULT EDUCATION AND LITERACY (AEL) STAFF TO FACILITATE BOOK DISCUSSIONS. THE COUNCIL ALSO AWARDS MINI-GRANTS ANNUALLY TO SUPPORT LITERACY PROJECTS.

4c (Code:) (Expenses \$ 88,630. including grants of \$) (Revenue \$) FIRST WEDNESDAYS - THE FIRST WEDNESDAYS PROGRAM OFFERS FREE PUBLIC TALKS THE FIRST WEDNESDAY OF THE MONTH OCTOBER THROUGH MAY. THESE ARE HOSTED AT 9 DIFFERENT LOCATIONS THROUGHOUT VERMONT INCLUDING BRATTLEBORO, ESSEX JUNCTION, MANCHESTER, MIDDLEBURY, MONTPELIER, NEWPORT, NORWICH, RUTLAND AND ST. JOHNSBURY. THE SPEAKERS ARE NATIONALLY AND REGIONALLY RENOWNED AUTHORS, ARTISTS, SCHOLARS AND PUBLIC FIGURES SPEAKING ABOUT MANY DIFFERENT TOPICS SUCH AS NATIONAL SECURITY AGENCY, POETRY, WAR AND RELIGION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 82,506. including grants of \$) (Revenue \$)

4e Total program service expenses 1,146,084.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER KAUFMAN ILSTRUP EXECUTIVE DIRECTOR	40.00			X			102,000.	0.	0.	
(2) ROLF DIAMANT DIRECTOR	1.50	X					0.	0.	0.	
(3) SARAH DOPP DIRECTOR	1.50	X					0.	0.	0.	
(4) KATY SMITH ABBOTT VICE CHAIR	2.00	X		X			0.	0.	0.	
(5) TODD DALOZ DIRECTOR	1.50	X					0.	0.	0.	
(6) MARY OTTO DIRECTOR	1.50	X					0.	0.	0.	
(7) JOY FACOS TREASURER	2.00	X		X			0.	0.	0.	
(8) JUDITH CHALMER CHAIR	2.00	X		X			0.	0.	0.	
(9) ADRIENNE MAJOR SECRETARY	2.00	X		X			0.	0.	0.	
(10) STEVE STETTLER DIRECTOR	1.50	X					0.	0.	0.	
(11) RANDALL SZOTT DIRECTOR	1.50	X					0.	0.	0.	
(12) BOB TAYLOR DIRECTOR	1.50	X					0.	0.	0.	
(13) JESSAMYN WEST DIRECTOR	1.50	X					0.	0.	0.	
(14) YASMINE ZIESLER DIRECTOR	1.50	X					0.	0.	0.	
(15) MEG OSTRUM DIRECTOR	1.50	X					0.	0.	0.	
(16) BEVERLY COLSTON DIRECTOR	1.50	X					0.	0.	0.	
(17) SHANTA LEE GANDER DIRECTOR	1.50	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MORGAN MOORE DIRECTOR	1.50	X						0.	0.	0.
1b Subtotal								102,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								102,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,450,444.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	488,574.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,939,018.			
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 611600	21,290.	21,290.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			21,290.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,458.			12,458.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	146,111.				
		(ii) Other					
	b Less: cost or other basis and sales expenses		123,591.				
	c Gain or (loss)		22,520.				
	d Net gain or (loss)			22,520.		22,520.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code 900099	2,537.	2,537.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,537.			
12 Total revenue. See instructions			1,997,823.	23,827.	0.	34,978.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	517,900.	517,900.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,000.	62,220.	22,440.	17,340.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	584,230.	275,538.	200,481.	108,211.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,060.	26,009.	1,729.	3,322.
10 Payroll taxes	24,470.	17,355.	1,728.	5,387.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,561.		8,561.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	54,932.	36,047.	18,642.	243.
12 Advertising and promotion				
13 Office expenses	3,175.	3,023.		152.
14 Information technology				
15 Royalties				
16 Occupancy	16,924.	16,924.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,449.	6,204.	-1.	246.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,682.		32,682.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HONORARIA AND SCHOLARS	89,951.	89,451.	500.	
b PRINTING AND PUBLICATIO	28,432.	27,226.		1,206.
c BOOKS, TAPES AND VIDEOS	24,422.	25,687.	-1,265.	
d MEMBERSHIP DUES	20,395.	10,158.	10,191.	46.
e All other expenses	34,296.	32,342.	-3,512.	5,466.
25 Total functional expenses. Add lines 1 through 24e	1,579,879.	1,146,084.	292,176.	141,619.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X 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
Assets	1 Cash - non-interest-bearing	156,433.	1	909,568.
	2 Savings and temporary cash investments	188,429.	2	289,030.
	3 Pledges and grants receivable, net	52,590.	3	33,367.
	4 Accounts receivable, net	397,237.	4	2,347.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,587.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 755,730.		
	b Less: accumulated depreciation	10b 535,184.	246,839.	10c 220,546.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,449,235.	12	1,594,543.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,494,350.	16	3,049,401.	
Liabilities	17 Accounts payable and accrued expenses	131,272.	17	104,616.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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 Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	131,272.	26	104,616.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,958,515.	27	2,418,680.
	28 Net assets with donor restrictions	404,563.	28	526,105.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,363,078.	32	2,944,785.
33 Total liabilities and net assets/fund balances	2,494,350.	33	3,049,401.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,997,823.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,579,879.
3	Revenue less expenses. Subtract line 2 from line 1	3	417,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,363,078.
5	Net unrealized gains (losses) on investments	5	163,763.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,944,785.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization VERMONT HUMANITIES COUNCIL	Employer identification number **-***7809
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,204,197.	1,226,529.	1,452,704.	1,320,624.	1,939,018.	7,143,072.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,204,197.	1,226,529.	1,452,704.	1,320,624.	1,939,018.	7,143,072.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,932.
6 Public support. Subtract line 5 from line 4.						7,139,140.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,204,197.	1,226,529.	1,452,704.	1,320,624.	1,939,018.	7,143,072.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	18,560.	53,144.	27,351.	31,363.	12,458.	142,876.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,072.	3,344.	10,020.	476.	2,537.	17,449.
11 Total support. Add lines 7 through 10						7,303,397.
12 Gross receipts from related activities, etc. (see instructions)					12	324,137.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	97.75 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.10 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

VERMONT HUMANITIES COUNCIL

Employer identification number

** - ***7809

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization VERMONT HUMANITIES COUNCIL	Employer identification number ** - ***7809
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 259,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,044,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 145,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VERMONT HUMANITIES COUNCIL	Employer identification number ** - ***7809
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization VERMONT HUMANITIES COUNCIL	Employer identification number ** - ***7809
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization VERMONT HUMANITIES COUNCIL Employer identification number ** - *** 7809

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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? Yes No

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 No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 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
1a Beginning of year balance	77,742.	77,742.	77,742.	77,742.	77,742.
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	77,742.	77,742.	77,742.	77,742.	77,742.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		85,000.		85,000.
b Buildings		614,351.	493,067.	121,284.
c Leasehold improvements				
d Equipment		43,806.	29,544.	14,262.
e Other		12,573.	12,573.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				220,546.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LONG-TERM INVESTMENTS	1,338,962.	END-OF-YEAR MARKET VALUE
(B) ASSETS VERMONT COMMUNITY		
(C) FOUNDATION	255,581.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,594,543.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,153,025.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	163,763.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	163,763.
3	Subtract line 2e from line 1	3	1,989,262.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,561.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,561.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,997,823.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,571,318.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,571,318.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,561.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,561.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,579,879.

Part XIII Supplemental Information.

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.

PART X, LINE 2:

FASB ASC 740, INCOME TAXES, REQUIRES ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITIONS. FOR TAX EXEMPT ENTITIES, TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY, AS EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX-EXEMPT STATUS. MANAGEMENT BELIEVES THE COUNCIL HAS NO UNCERTAIN TAX POSITIONS. THE COUNCIL ANTICIPATES THAT IT WILL NOT HAVE A CHANGE IN UNCERTAIN TAX POSITIONS DURING THE NEXT TWELVE MONTHS THAT WOULD HAVE A MATERIAL IMPACT ON THE COUNCIL'S FINANCIAL STATEMENTS. IF NECESSARY, THE COUNCIL WOULD ACCRUE INTEREST AND PENALTIES ON UNCERTAIN TAX POSITIONS AS A COMPONENT OF THE PROVISION FOR INCOME TAXES. THE COUNCIL IS NO LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES

Part XIII Supplemental Information (continued)

FOR YEARS BEFORE 2017.

PART V, LINE 4

TO PROVIDE FOR THE LONG-TERM FINANCIAL STABILITY OF THE COUNCIL

PART X, LINE 2:

THE COUNCIL RECEIVED NOTICE FROM THE INTERNAL REVENUE SERVICE ON AUGUST 24, 1976 THAT IT IS EXEMPT FROM FEDERAL INCOME TAX AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE). THE COUNCIL WOULD BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES (UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE). THE TAX YEARS ENDING DECEMBER 2018, 2017 AND 2016 ARE STILL OPEN FOR AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. CONTRIBUTIONS TO THE COUNCIL ARE TAX DEDUCTIBLE TO DONORS UNDER SECTION 170 OF THE CODE. THE COUNCIL IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **VERMONT HUMANITIES COUNCIL** Employer identification number **** - *** 7809**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HILDENE, LINCOLN FAMILY HOME PO BOX 377 MANCHESTER, VT 05254-0377	** - ***1160	501(C)(3)	10,000.	0.			GENERAL PURPOSE
BILLINGS FARM & MUSEUM PO BOX 489 WOODSTOCK, VT 05091	** - ***1142	501(C)(3)	10,000.	0.			GENERAL PURPOSE
SHELBURNE MUSEUM PO BOX 10 SHELBURNE, VT 05482	** - ***9436	501(C)(3)	10,000.	0.			GENERAL PURPOSE
BENNINGTON MUSEUM 75 MAIN STREET BENNINGTON, VT 05201	** - ***5292	501(C)(3)	15,000.	0.			GENERAL PURPOSE
CENTER FOR CARTOON STUDIES PO BOX 125 WHITE RIVE JCT., VT 05001	** - ***1791	501(C)(3)	8,500.	0.			GENERAL PURPOSE
ORLEANS COUNTY HISTORICAL SOCIETY 109 OLD STONE HOUSE ROAD BROWNINGTON, VT 05860-4420	** - ***0727	501(C)(3)	10,500.	0.			GENERAL PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58.**

3 Enter total number of other organizations listed in the line 1 table **61.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY SHELDON MUSEUM 1 PARK STREET MIDDLEBURY, VT 05753	**-***0481	501(C)(3)	7,500.	0.			GENERAL PURPOSE
SNELLING CENTER FOR GOVERNMENT PO BOX 698 SHELBURNE, VT 05482	**-***5399	501(C)(3)	7,500.	0.			GENERAL PURPOSE
PRIDE CENTER OF VERMONT 255 SOUTH CHAMPLAIN STREET, SUITE 1 BURLINGTON, VT 05401-4786	**-***0396	501(C)(3)	7,500.	0.			GENERAL PURPOSE
BIXBY MEMORIAL FREE LIBRARY 258 MAIN STREET VERGENNES, VT 05491-1056	**-***2562	501(C)(3)	7,500.	0.			GENERAL PURPOSE
CLEMMONS FAMILY FARM, INC. 2213 GREENBUSH ROAD CHARLOTTE, VT 05445	**-***4023	501(C)(3)	12,500.	0.			GENERAL PURPOSE
OUTRIGHT VERMONT PO BOX 5235 BURLINGTON, VT 05402	**-***3843	501(C)(3)	12,000.	0.			GENERAL PURPOSE
WOODSTOCK HISTORY CENTER 26 ELM STREET WOODSTOCK, VT 05091-1024	**-***8872	501(C)(3)	7,500.	0.			GENERAL PURPOSE
FAIRBANKS MUSEUM & PLANETARIUM 1302 MAIN STREET ST. JOHNSBURY, VT 05819-2248	**-***4732	501(C)(3)	7,000.	0.			GENERAL PURPOSE
SANDGLASS THEATER BOX 970 PUTNEY, VT 05346	**-***0533	501(C)(3)	6,250.	0.			GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE WINOOSKI MILL MUSEUM 20 WINOOSKI FALLS WAY, SUITE 302 WINOOSKI, VT 05404-2274	**-***3981	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CRAFTSBURY PUBLIC LIBRARY PO BOX 7 CRAFTSBURY, VT 05827	**-***1632	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BARRE HISTORICAL SOCIETY PO BOX 496 BARRE, VT 05641-0496	**-***0615	501(C)(3)	5,000.	0.			GENERAL PURPOSE
PARAMOUNT CENTER INC. 30 CENTER STREET RUTLAND, VT 05701-4015	**-***8303	501(C)(3)	5,000.	0.			GENERAL PURPOSE
OUT IN THE OPEN PO BOX 1685 BRATTLEBORO, VT 05302-1685	**-***6211	501(C)(3)	5,000.	0.			GENERAL PURPOSE
SAINT ALBANS MUSEUM INC. PO BOX 722 ST. ALBANS, VT 05478-0722	**-***4664	501(C)(3)	5,000.	0.			GENERAL PURPOSE
TOWN HALL THEATER, INC. PO BOX 128 MIDDLEBURY, VT 05753-0128	**-***8794	501(C)(3)	5,000.	0.			GENERAL PURPOSE
THE ETHAN ALLEN HOMESTEAD MUSEUM INC. - 1 ETHAN ALLEN HOMESTEAD - BURLINGTON, VT 05408-1141	**-***1805	501(C)(3)	5,000.	0.			GENERAL PURPOSE
JOHN G. MCCULLOUGH FREE LIBRARY PO BOX 339 N BENNINGTON, VT 05257-0339	**-***4077	501(C)(3)	5,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHNSBURY ATHENAEUM 1171 MAIN STREET ST. JOHNSBURY, VT 05819-2687	**-***3005	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BRANDON FREE PUBLIC LIBRARY INC. 4 FRANKLIN STREET BRANDON, VT 05733-1112	**-***1053	501(C)(3)	5,000.	0.			GENERAL PURPOSE
SUNDOG POETRY CENTER INC. PO BOX 484 JOHNSON, VT 05656-0484	**-***1957	501(C)(3)	5,000.	0.			GENERAL PURPOSE
WINDSOR PUBLIC LIBRARY 43 STATE STREET WINDSOR, VT 05089-1213	**-***7037	501(C)(3)	5,000.	0.			GENERAL PURPOSE
DAILEY MEMORIAL LIBRARY 101 JUNIOR HIGH DRIVE DERBY, VT 05829	**-***2961	501(C)(3)	5,000.	0.			GENERAL PURPOSE
ALBURGH PUBLIC LIBRARY PO BOX 126 ALBURGH, VT 05440-0126	**-***9933	501(C)(3)	5,000.	0.			GENERAL PURPOSE
PARK MCCULLOUGH HOUSE ASSOCIATION INC. - PO BOX 388 - N BENNINGTON, VT 05257-0388	**-***0979	501(C)(3)	5,000.	0.			GENERAL PURPOSE
FRIENDS OF THE MORRILL HOMESTEAD INC. - PO BOX 98 - STRAFFORD, VT 05072-0098	**-***6732	501(C)(3)	6,000.	0.			GENERAL PURPOSE
LONDONDERRY ARTS & HISTORICAL SOCIETY INC. - PO BOX 366 - LONDONDERRY, VT 05148-0366	**-***2996	501(C)(3)	5,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE WARDBORO LIBRARY INC. - PO BOX 137 - WARDBORO, VT 05355-0137	**-***3268	501(C)(3)	5,000.	0.			GENERAL PURPOSE
FLYNN CENTER FOR THE PERFORMING ARTS LTD - 153 MAIN STREET - BURLINGTON, VT 05401	**-***7052	501(C)(3)	5,000.	0.			GENERAL PURPOSE
TRUSTEES OF THE WOOD ART GALLERY 46 BARRE STREET MONTPELIER, VT 05602-3508	**-***0572	501(C)(3)	5,000.	0.			GENERAL PURPOSE
MAIN STREET MUSEUM INC. 58 BRIDGE STREET WHITE RIVER JCT., VT 05001-1909	**-***4242	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CANAAN NATURALLY CONNECTED INC. 318 CHRISTIAN HILL CANAAN, VT 05903	**-***3710	501(C)(3)	5,000.	0.			GENERAL PURPOSE
WOODBURY COMMUNITY LIBRARY 69 VALLEY LAKE ROAD WOODBURY, VT 05681	**-***2030	501(C)(3)	5,000.	0.			GENERAL PURPOSE
MIDDLETOWN SPRINGS HISTORICAL SOCIETY INC. - PO BOX 1121 - MIDDLETOWN SPRINGS, VT 05757-1121	**-***3499	501(C)(3)	5,000.	0.			GENERAL PURPOSE
SOUTH HERO LIBRARY FOUNDATION 28 COMMUNITY LANE SOUTH HERO, VT 05486-4418	**-***9787	501(C)(3)	5,000.	0.			GENERAL PURPOSE
PAWLET HISTORICAL SOCIETY PO BOX 113 PAWLET, VT 05761-0113	**-***4323	501(C)(3)	5,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT COUNCIL ON WORLD AFFAIRS 60 MAIN STREET, SUITE 100 BURLINGTON, VT 05401-8422	**-***0787	501(C)(3)	5,000.	0.			GENERAL PURPOSE
FRIENDS OF THE FLETCHER FREE LIBRARY INC. - 235 COLLEGE STREET - BURLINGTON, VT 05401-8317	**-***4892	501(C)(3)	5,000.	0.			GENERAL PURPOSE
THE FRIENDS OF THE JEDEVINE LIBRARY, INC. - PO BOX 536 - HARDWICK, VT 05843-0536	**-***5117	501(C)(3)	5,000.	0.			GENERAL PURPOSE
SOLOMON WRIGHT PUBLIC LIBRARY CORPORATION - PO BOX 400 - POWNAL, VT 05261-0400	**-***6177	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BENNINGTON COLLEGE CORPORATION ROUTE 67A BENNINGTON, VT 05201	**-***9414	501(C)(3)	5,000.	0.			GENERAL PURPOSE
MIDDLEBURY NEW FILMMAKERS FESTIVAL 23 CATAMOUNT DRIVE LEICESTER, VT 05733-1112	**-***2141	501(C)(3)	5,000.	0.			GENERAL PURPOSE
MERCY CONNECTIONS 255 SOUTH CHAMPLAIN STREET, SUITE 8 BURLINGTON, VT 05401	**-***9962	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BLAKE MEMORIAL LIBRARY ASSOCIATION 676 VILLAGE ROAD EAST CORINTH, VT 05040	**-***2407	501(C)(3)	5,000.	0.			GENERAL PURPOSE
VERMONT FOLKLIFE CENTER 88 MAIN STREET MIDDLEBURY, VT 05753-1425	**-***0951	501(C)(3)	5,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE CHAMPLAIN MARITIME MUSEUM AT BASIN HARBOR INCORPORATED - 4472 BASIN HARBOR ROAD - VERGENNES, VT 05491-9192	**-***0380	501(C)(3)	8,500.	0.			GENERAL PURPOSE
RUTH STONE FOUNDATION INC. 137 BIRCH LANE PUTNEY, VT 05346-9390	**-***2294	501(C)(3)	5,000.	0.			GENERAL PURPOSE
VERMONT SKI MUSEUM, INC. PO BOX 1511 STOWE, VT 05672-1511	**-***3841	501(C)(3)	5,000.	0.			GENERAL PURPOSE
FRIENDS OF THE LANPHER MEMORIAL LIBRARY INC. - PO BOX 61 - HYDE PARK, VT 05655-0061	**-***0591	501(C)(3)	5,000.	0.			GENERAL PURPOSE
TOWN OF MARSHFIELD 122 SCHOOL STREET, ROOM 1 MARSHFIELD, VT 05658	**-***0559		5,000.	0.			GENERAL PURPOSE
VERMONT HISTORICAL SOCIETY 60 WASHINGTON STREET BARRE, VT 05641	**-***9602	501(C)(3)	5,000.	0.			GENERAL PURPOSE
JAG PRODUCTIONS 5 SOUTH MAIN STREET WHITE RIVER JCT., VT 05001	**-***3084		7,500.	0.			GENERAL PURPOSE
THE DREAM PROGRAM INC. PO BOX 361 WINOOSKI, VT 05404-0361	**-***0908	501(C)(3)	5,000.	0.			GENERAL PURPOSE
MONTEVERDI ARTISTS COLLABORATIVE INC. - 1103 PACKER CORNERS ROAD - GUILFORD, VT 05301-8229	**-***7872	501(C)(3)	6,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN VERMONT UNIVERSITY - JOHNSON - 337 COLLEGE HILL ROAD - JOHNSON, VT 05656-0484			5,000.	0.			GENERAL PURPOSE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE APPLICATION PROCESS FOR ALL GRANTS IS MANAGED BY STAFF. APPLICATIONS FOR REGULAR GRANTS ARE REVIEWED BY THE GRANTS COMMITTEE MADE UP OF BOARD AND STAFF MEMBERS. THE COMMITTEES RECOMMENDATIONS ARE APPROVED BY THE FULL BOARD. THESE GRANTS ARE FUNDED BY UNRESTRICTED CONTRIBUTIONS.

THE CARES ACT FUNDS IN 2020 (OUR LARGEST GRANTS) WERE MANAGED SEPARATELY FROM OUR REGULAR GRANTS PROGRAM. THE APPLICATION PROCESS WAS MANAGED IN COLLABORATION WITH THE VERMONT ARTS COUNCIL AND APPLICATIONS WERE REVIEWED

Part IV Supplemental Information

AND GRANTS AWARDED BY A COMMUNITY PANEL OF VERMONT ARTS AND HUMANITIES LEADERS. THE MAJORITY OF CARES ACT GRANT FUNDING WAS DRAWDOWN FROM THE NEH ON A REIMBURSEMENT BASIS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

VERMONT HUMANITIES COUNCIL

Employer identification number

** - ***7809

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VERMONT HUMANITIES SEEKS TO ENGAGE ALL VERMONTERS IN THE WORLD OF
IDEAS, FOSTER A CULTURE OF THOUGHTFULNESS, AND INSPIRE A LIFELONG LOVE
OF READING AND LEARNING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER STATE HUMANITIES PROGRAMS

EXPENSES \$ 82,506. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE COUNCIL'S FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF
DIRECTORS. THIS COMMITTEE REVIEWS AND APPROVES THE RETURN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE COUNCIL REQUIRES ITS BOARD MEMBERS TO EVALUATE AND DISCLOSE ANNUALLY
ANY RELATIONSHIPS THAT MAY LEAD TO A CONFLICT OF INTEREST. THE POTENTIAL
FOR CONFLICT OF INTEREST IS ALSO REVIEWED DURING THE HIRING AND GRANT
AWARDING PROCESSES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD USES SALARY SURVEY DATA TO DETERMINE APPROPRIATE SALARY RANGES.
ALL COMPENSATION DECISIONS REQUIRE THE APPROVAL BY VOTE OF THE BOARD OF
DIRECTORS. MINUTES ARE KEPT FOR THE MEETINGS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	11 LOOMIS STREET	01/01/05	SL	30.00		16	220,470.				220,470.	110,235.		7,349.	117,584.
2	IMPROVEMENTS - 2005	10/01/05	SL	15.00		16	318,240.				318,240.	302,328.		15,912.	318,240.
3	IMPROVEMENTS - 2006	07/01/06	SL	15.00		16	44,643.				44,643.	40,179.		2,976.	43,155.
4	DRIVEWAY	11/01/11	SL	15.00		16	10,274.				10,274.	7,876.		685.	8,561.
19	INSULATION	09/01/15	SL	15.00		16	20,721.				20,721.	4,143.		1,381.	5,524.
	* 990 PAGE 10 TOTAL BUILDINGS						614,348.				614,348.	464,761.		28,303.	493,064.
	FURNITURE & FIXTURES														
5	OUTDOOR SIGN	06/01/07	SL	7.00		16	2,668.				2,668.	2,668.		0.	2,668.
6	2 PLAQUES	06/01/07	SL	7.00		16	3,334.				3,334.	3,334.		0.	3,334.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						6,002.				6,002.	6,002.		0.	6,002.
	MACHINERY & EQUIPMENT														
10	FILEMAKER SOFTWARE	06/01/07	SL	5.00		16	3,037.				3,037.	3,037.		0.	3,037.
11	CAMERA	06/01/07	SL	5.00		16	1,446.				1,446.	1,446.		0.	1,446.
12	HP PRINTER	02/05/10	SL	5.00		16	1,013.				1,013.	1,012.		0.	1,012.
14	MINI CTO	12/31/11	SL	5.00		16	2,199.				2,199.	2,199.		0.	2,199.
16	CANON COPIER	09/11/12	SL	5.00		16	8,897.				8,897.	8,897.		0.	8,897.
25	DELL OPTIPLEX 7040	05/01/16	SL	5.00		16	1,021.				1,021.	544.		204.	748.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
26	DELL POWEREDGE T330 SERVER	08/01/17	SL	5.00		16	4,723.				4,723.	2,283.		945.	3,228.
27	DELL OPTIPLEX 7050	10/01/17	SL	5.00		16	1,192.				1,192.	536.		238.	774.
28	DELL T5810	12/01/17	SL	5.00		16	2,360.				2,360.	983.		472.	1,455.
31	APPLE MAC MINI	07/01/17	SL	5.00		16	1,598.				1,598.	1,120.		320.	1,440.
32	DELL COMPUTER (ALI)	03/23/18	SL	5.00		16	1,124.				1,124.	394.		225.	619.
33	DELL COMPUTER (LWRAZEN)	03/23/18	SL	5.00		16	1,124.				1,124.	394.		225.	619.
34	DELL COMPUTER (JEFF)	03/23/18	SL	5.00		16	1,320.				1,320.	462.		264.	726.
35	DELL COMPUTER (CKI)	08/17/18	SL	5.00		16	1,376.				1,376.	367.		275.	642.
36	DELL COMPUTER	02/10/19	SL	5.00		16	1,302.				1,302.	239.		260.	499.
37	DELL COMPUTER	02/10/19	SL	5.00		16	1,302.				1,302.	239.		260.	499.
38	DELL COMPUTER	02/10/19	SL	5.00		16	1,302.				1,302.	239.		260.	499.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						36,336.				36,336.	24,391.		3,948.	28,339.
	LAND														
18	LAND - 11 LOOMIS STREET	01/01/05		.000		HY16	85,000.				85,000.			0.	
	* 990 PAGE 10 TOTAL LAND						85,000.				85,000.	0.		0.	0.
	MANAGEMENT AND GENERAL														
15	SNOM PBX PHONE SYSTEM	10/31/11	SL	7.00		16	6,571.				6,571.	6,571.		0.	6,571.
21	DELL SONICWALL	06/01/16	SL	5.00		16	1,084.				1,084.	777.		217.	994.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						7,655.				7,655.	7,348.		217.	7,565.
	* GRAND TOTAL 990 PAGE 10 DEPR						749,341.				749,341.	502,502.		32,468.	534,970.