



LET'S THRIVE TOGETHER



TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2024

PREPARED FOR:

VERMONT FOODBANK
33 PARKER ROAD
BARRE, VT 05641

PREPARED BY:

WARREN AVERETT, LLC
2500 ACTON ROAD
BIRMINGHAM, AL 35243

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

RETURN MUST BE MAILED ON OR BEFORE:

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

Form sections B through M: B Check if applicable, C Name of organization (VERMONT FOODBANK), D Employer identification number (22-3021942), E Telephone number (802-476-3341), F Name and address of principal officer (LEESA STEWART), G Gross receipts (\$36,471,791), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.VTFOODBANK.ORG), K Form of organization, L Year of formation (1989), M State of legal domicile (VT)

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature and preparer information: Sign Here (LEESA STEWART, CHIEF FINANCIAL OFFICER), Paid (MEGAN RANDOLPH), Preparer (WARREN AVERETT, LLC), Use Only (2500 ACTON ROAD, BIRMINGHAM, AL 35243)

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: TO GATHER AND SHARE QUALITY FOOD AND NURTURE PARTNERSHIPS SO THAT NO ONE IN VERMONT GOES HUNGRY.

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.

4a (Code:) (Expenses \$ 29,959,110. including grants of \$ 21,041,189.) (Revenue \$ 92,596.) IN FISCAL YEAR 2024, VERMONT FOODBANK DISTRIBUTED MORE THAN 14.5 MILLION POUNDS OF DONATED FOOD, PRODUCE, USDA FOODS, AND PURCHASED FOOD DIRECTLY TO INDIVIDUALS AND MORE THAN 220 NETWORK PARTNERS. OF THAT, A RECORD OF 4.5 MILLION POUNDS OF FRESH FRUITS AND VEGETABLES WERE DISTRIBUTED, AND 48% OF THE FOOD DISTRIBUTED WAS FRESH FOOD (PRODUCE, MEAT, EGGS, AND DAIRY). VERMONT FOODBANK ALSO WORKED WITH MORE THAN 334 VERMONT FARMS TO PURCHASE, GATHER AND SHARE MORE THAN \$2.4 MILLION WORTH OF VERMONT-GROWN FOOD. DURING THE SAME PERIOD, THE FOODBANK FUNDED MORE THAN 480 GRANTS TOTALING ALMOST \$2.7M TO NETWORK AND COMMUNITY PARTNER ORGANIZATIONS. THESE GRANTS, WHICH TOUCHED EVERY COUNTY IN VERMONT, DEEPENED OUR IMPACT AND HELPED SOLVE TARGETED CHALLENGES TO FOOD ACCESS IN LOCAL COMMUNITIES (EXAMPLES INCLUDE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 29,959,110.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		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>		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>	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>		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>		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>		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>	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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

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, Yes, No. Rows 1a-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 columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurers (13a-13c), indoor tanning services (14a-14b), parachute payments (15), excise tax (16), and section 501(c)(21) organizations (17).

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		10
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed VT, MA, RI, NY, FL, NH
- 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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
LEESA STEWART - 802-522-7896
33 PARKER ROAD, BARRE, VT 05641

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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOHN SAYLES CHIEF EXECUTIVE OFFICER	40.00 0.00			X				173,901.	0.	37,775.
(2) JULIE-ANN GRAVES FORMER CHIEF FINANCIAL OFFICER	40.00 0.00			X				128,672.	0.	24,652.
(3) CHRIS MEEHAN CHIEF COMMUNITY IMPACT OFFICER	40.00 0.00			X				108,627.	0.	37,104.
(4) JASON MARING CHIEF OPERATIONS OFFICER	40.00 0.00			X				106,104.	0.	36,470.
(5) HILLARY ORSINI CHIEF OF STAFF	40.00 0.00			X				119,319.	0.	21,961.
(6) ALLISON MINDEL FORMER CHIEF PHILANTHROPY OFFICER	40.00 0.00			X				107,644.	0.	33,184.
(7) SARAH KEBLIN CHIEF PHILANTHROPY OFFICER	40.00 0.00			X				87,399.	0.	5,344.
(8) MONICA URQUHART CHIEF EQUITY PEOPLE AND CULTURE OFFI	40.00 0.00			X				29,182.	0.	31,070.
(9) LEESA STEWART CHIEF FINANCIAL OFFICER	40.00 0.00			X				38,438.	0.	13,019.
(10) MITZI JOHNSON BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(11) PENROSE JACKSON VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(12) AMY MARIE DAVENPORT SECRETARY	2.00 0.00	X		X				0.	0.	0.
(13) WILL EBERLE TRUSTEE	2.00 0.00	X						0.	0.	0.
(14) MIKE HOURIGAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(15) IAN MACFARLAND TRUSTEE	2.00 0.00	X						0.	0.	0.
(16) JACOB PARK TRUSTEE	2.00 0.00	X						0.	0.	0.
(17) MELISSA ROBERGE TRUSTEE	2.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LIZ RUFFA TRUSTEE	2.00 0.00	X						0.	0.	0.
(19) ELIZABETH SCHUMACHER TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								899,286.	0.	240,579.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								899,286.	0.	240,579.

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 6

	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
RKD ALPHA DOG 8001 S 13TH ST, LINCOLN, NE 68512	MAILING SERVICES	710,229.
TURNER PIPING INC. 92 PARK ST, RUTLAND, VT 05701	FREEZER INSTALLATION & REPAIR	489,179.
BLACKBAUD, INC. 2000 DANIEL ISLAND DR, CHARLESTON, SC 29492	FUNDRAISING DATABASE	117,300.

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 3

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					
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	206,056.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	33,626,847.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 19,884,176.				
	1 h	Total. Add lines 1a-1f		33,832,903.			
Program Service Revenue	2 a	MEMBERSHIP & DELIVERY FEES	624210	16,387.	16,387.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		16,387.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		402,382.		402,382.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	26,949.			
	7 b	Less: cost or other basis and sales expenses		23,449.			
	7 c	Gain or (loss)		3,500.			
7 d	Net gain or (loss)		3,500.		3,500.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		2,116,961.				
			5,177,802.				
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory		-3,060,841.	-3060841.			
Miscellaneous Revenue	11 a	OTHER INCOME	900099	76,209.	76,209.		
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		76,209.			
12	Total revenue. See instructions		31,270,540.	-2968245.	0.	405,882.	

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 ...	17,189,630.	17,189,630.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,851,559.	3,851,559.		
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	1,391,436.	872,092.	267,570.	251,774.
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	6,977,064.	4,372,921.	1,341,676.	1,262,467.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	303,756.	116,355.	187,401.	
b Legal	11,630.		11,630.	
c Accounting	19,450.		19,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	254,144.	184,146.	34,877.	35,121.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	40,843.	27,483.	6,472.	6,888.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	235,765.	79,782.	118,770.	37,213.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	458,265.		458,265.	
23 Insurance	64,070.	31,734.	23,463.	8,873.
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 VAP EXPENSE	982,639.	982,639.		
b FUNDRAISING EXPENSES	908,404.			908,404.
c VEHICLES	825,386.	823,393.	1,993.	
d GRANTS PASS THRU	362,710.	362,710.		
e All other expenses _____	1,439,239.	1,064,666.	274,008.	100,565.
25 Total functional expenses. Add lines 1 through 24e	35,315,990.	29,959,110.	2,745,575.	2,611,305.
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 <input type="checkbox"/> 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	459,111.	1	648,541.
	2 Savings and temporary cash investments	193,108.	2	195,983.
	3 Pledges and grants receivable, net	1,336,758.	3	383,009.
	4 Accounts receivable, net	100,813.	4	159,610.
	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	2,562,413.	8	2,775,615.
	9 Prepaid expenses and deferred charges	86,467.	9	9,767.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,437,263.		
	b Less: accumulated depreciation	10b 4,263,258.	10c	10,174,005.
	11 Investments - publicly traded securities	19,880,361.	11	17,532,111.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,262,460.	15	2,986,436.
16 Total assets. Add lines 1 through 15 (must equal line 33)	35,746,376.	16	34,865,077.	
Liabilities	17 Accounts payable and accrued expenses	1,009,740.	17	1,659,852.
	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	1,262,460.	25	2,492,767.
	26 Total liabilities. Add lines 17 through 25	2,272,200.	26	4,152,619.
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	32,675,159.	27	30,675,987.
	28 Net assets with donor restrictions	799,017.	28	36,471.
	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	33,474,176.	32	30,712,458.
	33 Total liabilities and net assets/fund balances	35,746,376.	33	34,865,077.

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	31,270,540.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,315,990.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,045,450.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,474,176.
5	Net unrealized gains (losses) on investments	5	1,307,228.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-23,496.
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	30,712,458.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

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

2023

Open to Public Inspection

Name of the organization VERMONT FOODBANK	Employer identification number 22-3021942
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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).)
- 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 on 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45659054.	49684087.	36823066.	32157838.	33832903.	198156948
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	45659054.	49684087.	36823066.	32157838.	33832903.	198156948
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)						
6 Public support. Subtract line 5 from line 4.						198156948

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	45659054.	49684087.	36823066.	32157838.	33832903.	198156948
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133,179.	95,131.	232,823.	487,185.	402,382.	1350700.
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.)	123,553.	64,337.	115,823.	123,144.	76,209.	503,066.
11 Total support. Add lines 7 through 10						200010714
12 Gross receipts from related activities, etc. (see instructions)					12	5,712,497.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	99.07 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.04 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. 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.

b 33 1/3% support tests - 2022. 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.

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 on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>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.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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? <i>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.</i>			
b Did the activities described on 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? <i>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.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
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 (<i>explain in detail in Part VI</i>):		
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

VERMONT FOODBANK

Employer identification number

22-3021942

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), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization VERMONT FOODBANK	Employer identification number 22-3021942
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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/>	\$ <u>3,369,449.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,833,838.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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 FOODBANK	Employer identification number 22-3021942
---	---

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
2	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR. _____ _____ _____	\$ 19,884,176.	09/30/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization VERMONT FOODBANK	Employer identification number 22-3021942
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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 C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization VERMONT FOODBANK	Employer identification number 22-3021942
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ 62,349.
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		58,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			58,500.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

LOBBYING ACTIVITY IS RELATED TO FUNDING REQUESTS TO SUPPORT FOOD PURCHASE AND DISTRIBUTION TO VERMONT RESIDENTS EXPERIENCING FOOD INSECURITY.

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

2023

Open to Public Inspection

Name of the organization VERMONT FOODBANK Employer identification number 22-3021942

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, total number and acreage, number of easements on historic structures, and monitoring expenses.

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 whether the organization elected to report art collections and the amounts 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 in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - 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? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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				
b Buildings		11,509,970.	2,745,589.	8,764,381.
c Leasehold improvements				
d Equipment		1,258,867.	982,214.	276,653.
e Other		1,668,426.	535,455.	1,132,971.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,174,005.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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, line 13, col. (B))		

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) OPERATING LEASES	2,889,590.
(2) FINANCE LEASES	96,846.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,986,436.

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) OPERATING LEASES FUTURE	
(3) OBLIGATIONS	2,436,753.
(4) FINANCE LEASES FUTURE OBLIGATIONS	56,014.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,492,767.

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	37,755,570.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,307,228.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,177,802.
e	Add lines 2a through 2d	2e	6,485,030.
3	Subtract line 2e from line 1	3	31,270,540.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	31,270,540.

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	40,517,286.
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	5,177,802.
e	Add lines 2a through 2d	2e	5,177,802.
3	Subtract line 2e from line 1	3	35,339,484.
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	-23,496.
b	Other (Describe in Part XIII.)	4b	2.
c	Add lines 4a and 4b	4c	-23,494.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	35,315,990.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM SALES OF INVENTORY 5,177,802.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM SALES OF INVENTORY 5,177,802.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING ADJUSTMENT FOR AUDITED FINANCIAL STATEMENTS 2.

**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

2023

**Open to Public
Inspection**

Name of the organization **VERMONT FOODBANK** Employer identification number **22-3021942**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABENAKI HELPING ABENAKI 156 BACON DRIVE SHELBURNE, VT 05482	84-1704125	501(C)(3)	35,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ACCAG-HOPE 282 BOARDMAN STREET SUITE 1A MIDDLEBURY, VT 05753	23-7393720	501(C)(3)	8,300.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ACORN (ADDISON CO RELOCALIZATION NETWORK) - PO BOX 404 - BRISTOL, VT 05443	80-0402676	501(C)(3)	18,100.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ADDISON ACCESS CENTER CVOEO P.O. BOX 1594 SOUTH BURLINGTON, VT 05403	03-0216837	501(C)(3)	22,400.	97,946.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
AGAPE CHRISTIAN FELLOWSHIP 30 CANAL STREET BRATTLEBORO, VT 05301	22-2528488	501(C)(3)	8,800.	174,798.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
AIDS PROJECT OF SOUTHERN VT P.O. BOX 1486 BRATTLEBORO, VT 05302	22-2950456	501(C)(3)	0.	22,652.			ADDRESSING FOOD INSECURITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **238.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS PROJECT OF SOUTHERN VT FOOD P.O. BOX 1486 BRATTLEBORO, VT 05302	22-2950456	501(C)(3)	0.	11,615.			ADDRESSING FOOD INSECURITY
ALBANY FOOD SHARE P.O. BOX 167 ALBANY, VT 05820	22-2966726	501(C)(3)	8,800.	28,120.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
APPLEGATE APARTMENTS 87 APPLEGATE DRIVE BENNINGTON, VT 05201	04-3391796	501(C)(3)	0.	11,605.			ADDRESSING FOOD INSECURITY
ARLINGTON FOOD SHELF P.O. BOX 723 ARLINGTON, VT 05250-0723	03-0330441	501(C)(3)	22,007.	10,778.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ARROWHEAD SENIOR CENTER P.O. BOX 785 MILTON, VT 05468	03-0274594	501(C)(3)	0.	41,656.			ADDRESSING FOOD INSECURITY
AUNT DOT'S PLACE INC. P.O. BOX 8216 ESSEX, VT 05451	81-3518888	501(C)(3)	17,300.	134,286.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
BARRE SALVATION ARMY PO BOX 375 BARRE, VT 05641	13-5562351	501(C)(3)	0.	28,450.			ADDRESSING FOOD INSECURITY
BARTON AREA SENIOR SERVICES INC. P.O. BOX 133 BARTON, VT 05822	02-3142242	501(C)(3)	0.	12,348.			ADDRESSING FOOD INSECURITY
BENNINGTON COUNTY MEALS 124 PLEASANT STREET BENNINGTON, VT 05201	03-0343945	501(C)(3)	0.	95,794.			ADDRESSING FOOD INSECURITY

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BETHANY CHURCH UCC 115 MAIN STREET MONTPELIER, VT 05602	03-6000090	501(C)(3)	12,500.	1,055.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
BETHEL AREA FOOD SHELF PO BOX 211 BETHEL, VT 05032	93-3206748	501(C)(3)	7,000.	22,848.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
BIBLE BAPTIST FOOD BASKET 1425 HARWOOD HILL BENNINGTON, VT 05201		501(C)(3)	0.	7,310.			ADDRESSING FOOD INSECURITY
BLACK RIVER GOOD NEIGHBOR SERVICES 37B MAIN STREET LUDLOW, VT 05149	03-0307817	501(C)(3)	0.	5,122.			ADDRESSING FOOD INSECURITY
BOYS & GIRLS CLUB OF RUTLAND P.O. BOX 636 RUTLAND, VT 05702-0636	31-1653365	501(C)(3)	0.	21,649.			ADDRESSING FOOD INSECURITY
BRADFORD CHURCHES FOOD SHELF P.O. BOX 684 BRADFORD, VT 05033	03-6010154	501(C)(3)	0.	69,721.			ADDRESSING FOOD INSECURITY
BRANDON AREA EMERGENCY FOOD SHELF 1591 FORESTDALE ROAD BRANDON, VT 05733	81-3433401	501(C)(3)	0.	140,665.			ADDRESSING FOOD INSECURITY
BRANDON AREA TOY PROJECT 249 RT.73E WHITING, VT 05778	81-4482391	501(C)(3)	0.	22,777.			ADDRESSING FOOD INSECURITY
BRATTLEBORO SENIOR MEALS 207 MAIN STREET BRATTLEBORO, VT 05301	05-0587278	501(C)(3)	7,350.	4,259.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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BROC BENNINGTON FOOD SHELF 45 UNION STREET RUTLAND, VT 05701	03-0216505	501(C)(3)	0.	109,098.			ADDRESSING FOOD INSECURITY
BROC COMMUNITY ACTION RUTLAND 45 UNION STREET RUTLAND, VT 05701	03-0216505	501(C)(3)	0.	810,036.			ADDRESSING FOOD INSECURITY
BROC RUTLAND FOOD SHELF 45 UNION STREET RUTLAND, VT 05701	03-0216505	501(C)(3)	33,200.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
BURLINGTON SALVATION ARMY 64 MAIN ST BURLINGTON, VT 05402-5120	01-0211556	501(C)(3)	0.	189,782.			ADDRESSING FOOD INSECURITY
CAMBRIDGE COMMUNITY FOOD SHELF P.O. BOX 75 JEFFERSONVILLE, VT 05646-0075	03-0358691	501(C)(3)	0.	48,902.			ADDRESSING FOOD INSECURITY
CAPSTONE COMMUNITY ACTION, INC. 20 GABLE PLACE BARRE, VT 05641	03-0216254	501(C)(3)	104,900.	252,125.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
CASTLETON CARES INC. P.O. BOX 475/ 504 MAIN ST CASTLETON, VT 05735	27-2389221	501(C)(3)	8,800.	1,876.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
CENTER FOR SUSTAINABLE SYSTEMS PO BOX 1345 MONTPELIER, VT 05601	35-2440986	501(C)(3)	7,500.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
CERV P.O. BOX 41 NORTHFIELD FALLS, VT 05664-0041	03-0328340	501(C)(3)	0.	46,407.			ADDRESSING FOOD INSECURITY

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CHAMPLAIN ISLANDS FOOD SHELF P.O. BOX 24 NORTH HERO, VT 05474	03-0355563	501(C)(3)	7,500.	42,533.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
CHARLOTTE FOOD SHELF P.O. BOX 83 CHARLOTTE, VT 05445	03-7252421	501(C)(3)	14,100.	8,409.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
CHARTER HOUSE COALITION 27 NORTH PLEASANT STREET MIDDLEBURY, VT 05753	56-2531802	501(C)(3)	0.	44,464.			ADDRESSING FOOD INSECURITY
CHESTER-ANDOVER FAMILY CENTER P.O. BOX 302 CHESTER, VT 05143	03-0349433	501(C)(3)	20,300.	105,647.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
CIRCLE P.O. BOX 652 BARRE, VT 05641	03-0331147	501(C)(3)	0.	5,505.			ADDRESSING FOOD INSECURITY
COLCHESTER COMM. FOOD SHELF P.O. BOX 625 COLCHESTER, VT 05446	45-1742002	501(C)(3)	0.	22,995.			ADDRESSING FOOD INSECURITY
COMMUNITY FOOD CUPBOARD P.O. BOX 864 MANCHESTER CENTER, VT 05255-0864	03-0335781	501(C)(3)	0.	466,174.			ADDRESSING FOOD INSECURITY
COMMUNITY HARVEST OF CENTRAL VERMONT INC - 146 LORD ROAD - MONTPELIER, VT 05602	46-4791908	501(C)(3)	10,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
COMMUNITY RESILIENCE ORGANIZATIONS (CONSCIOUS HOMESTEAD) - PO BOX 1002 - MONTPELIER, VT 05602	47-4647183	501(C)(3)	148,600.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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COTS DAYSTATION PO BOX 1616, BURLINGTON, VT 05402 BURLINGTON, VT 05402	03-0285606	501(C)(3)	7,850.	9,693.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
CRAFTSBURY FOOD SHARE PO BOX 1075 HARDWICK, VT 05843	36-4540160	501(C)(3)	9,600.	27,545.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
CVOEO P.O. BOX 1603 BURLINGTON, VT 05402	03-0216837	501(C)(3)	21,979.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
DANVILLE SENIOR ACTION CENTER P.O. BOX 173 DANVILLE, VT 05828-0173	03-0269558	501(C)(3)	8,500.	14,526.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
DEERFIELD VALLEY FOOD PANTRY PO BOX 1743 WILMINGTON, VT 05363-1743	01-0636109	501(C)(3)	0.	16,434.			ADDRESSING FOOD INSECURITY
DUXBURY ELF SHELF P.O. BOX 23 WATERBURY, VT 05676	03-0305008	501(C)(3)	0.	14,873.			ADDRESSING FOOD INSECURITY
EDIBLE BRATTLEBORO/POST OIL SOLUTIONS, INC - 1009 HINESBURG ROAD - BRATTLEBORO, VT 05353	81-4034552	501(C)(3)	13,700.	4,298.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
EJU ECUMENICAL FOOD SHELF P.O. BOX 65 JERICHO, VT 05465	22-2642743	501(C)(3)	0.	6,674.			ADDRESSING FOOD INSECURITY
ENOSBURG FOOD SHELF P.O. BOX 616 ENOSBURG FALLS, VT 05450	03-0273384	501(C)(3)	14,500.	122,782.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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ENOUGH MINISTRIES PO BOX 98 BARRE, VT 05641	46-5361382	501(C)(3)	0.	518,570.			ADDRESSING FOOD INSECURITY
FAIR HAVEN CONCERNED (SLATE VALLEY CARES) - 49 MAIN STREET - FAIR HAVEN, VT 05743	03-0287987	501(C)(3)	5,200.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
FAIRFIELD COMMUNITY CENTER ASSOCIATION - P.O. BOX 16 - EAST FAIRFIELD, VT 05448	03-0338566	501(C)(3)	18,400.	47,560.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
FAMILY CENTER OF WASHINGTON COUNTY 383 SHERWOOD DRIVE MONTPELIER, VT 05602	22-2652676	501(C)(3)	16,500.	4,464.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
FEDERATED CHURCH OF ROCHESTER 15 NORTH MAIN ST. (PO BOX 197) ROCHESTER, VT 05767	03-0213252	501(C)(3)	0.	13,179.			ADDRESSING FOOD INSECURITY
FEEDING CHAMPLAIN VALLEY CVOEO PO BOX 1594 BURLINGTON, VT 05402	03-0216837	501(C)(3)	0.	2,057,807.			ADDRESSING FOOD INSECURITY
FEEDING CHITTENDEN/CVOEO PO BOX 1594 BURLINGTON, VT 05402	03-0216837	501(C)(3)	103,721.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
FOOD CONNECTS, INC 22 BROWNE COURT, UNIT 110 BRATTLEBORO, VT 05353	46-2372533	501(C)(3)	15,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
FOOD4KIDS-PUTNEY FOOD SHELF P.O. BOX 2517 BRATTLEBORO, VT 05301	20-5333544	501(C)(3)	0.	33,558.			ADDRESSING FOOD INSECURITY

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FOODWORKS C/O GROUNDWORKS COLLABORATIVE - P.O. BOX 370 - BRATTLEBORO, VT 05353	03-0323807	501(C)(3)	7,550.	636,729.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
GEORGIA FOOD SHELF 3878 ETHAN ALLEN HWY ST. ALBANS, VT 05478	22-2513478	501(C)(3)	0.	87,594.			ADDRESSING FOOD INSECURITY
GIVING FRIDGE, INC. 10 MERCHANTS ROW # 300 MIDDLEBURY, VT 05753	92-3585971	501(C)(3)	10,500.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
GREEN MOUNTAIN BIBLE CHURCH PO BOX 200 ISLAND POND, VT 05846	03-0278835	501(C)(3)	0.	19,797.			ADDRESSING FOOD INSECURITY
GREEN MOUNTAIN FOOD PANTRY 158 STRATTON RD. RUTLAND, VT 05701	52-0643036	501(C)(3)	0.	40,864.			ADDRESSING FOOD INSECURITY
GREEN MTN. CHRISTIAN CENTER 440 MAIN STREET BENNINGTON, VT 05201	03-0285524	501(C)(3)	0.	22,051.			ADDRESSING FOOD INSECURITY
GUILFORD CARES FOOD PANTRY 2068 STAGE RD BRATTLEBORO, VT 05303	20-5333455	501(C)(3)	0.	11,638.			ADDRESSING FOOD INSECURITY
H.O.P.E. 282 BOARDMAN STREET, SUITE 1A MIDDLEBURY, VT 05753	23-7393720	501(C)(3)	5,300.	245,147.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
HARDWICK AREA FOOD PANTRY PO BOX 1075 HARDWICK, VT 05843	36-4540160	501(C)(3)	16,800.	117,361.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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HEAVENLY FOOD PANTRY 1 CHURCH STREET ESSEX JUNCTION, VT 05452	03-0212216	501(C)(3)	0.	116,438.			ADDRESSING FOOD INSECURITY
HEDDING UNITED METHODIST CHURCH 40 WASHINGTON STREET BARRE, VT 05641	03-0194042	501(C)(3)	0.	32,415.			ADDRESSING FOOD INSECURITY
HEINEBERG COMMUNITY SENIOR CENTER 14 HEINEBERG RD. BURLINGTON, VT 05408	03-0224108	501(C)(3)	5,200.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
HIGHGATE NON-PROFIT 73 HIGHGATE DRIVE #121 BARRE, VT 05641	03-0325001	501(C)(3)	0.	32,485.			ADDRESSING FOOD INSECURITY
HINESBURG COMMUNITY RESOURCE CENTER - P.O. BOX 444 - HINESBURG, VT 05461	22-3051349	501(C)(3)	0.	46,055.			ADDRESSING FOOD INSECURITY
HIS PANTRY 238 MAIN STREET BENNINGTON, VT 05201	53-0196617	501(C)(3)	17,060.	146,268.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
HOLLAND FOOD SHELF (AHA ABENAKI HELPING ABENAKI) - 1031 WHITTIER ROAD - DERBY LINE, VT 05830	84-1704125	501(C)(3)	6,900.	86,103.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
HOPE NEK 136 CHURCH STREET LYNDONVILLE, VT 05851	27-0226630	501(C)(3)	0.	49,687.			ADDRESSING FOOD INSECURITY
INTERVALE CENTER, INC. 180 INTERVALE ROAD BURLINGTON, VT 05401	03-0329656	501(C)(3)	7,000.	34,622.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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JANET S. MUNT FAMILY ROOM 20 ALLEN ST. BURLINGTON, VT 05401	81-5449524	501(C)(3)	164,300.	19,323.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
JAY AREA FOOD SHELF 1552 NORTH HILL ROAD WESTFIELD, VT 05874	30-0559725	501(C)(3)	0.	32,033.			ADDRESSING FOOD INSECURITY
JOHN GRAHAM EMERGENCY SHELTER 69 MAIN STREET VERGENNES, VT 05491	23-7393720	501(C)(3)	5,200.	1,805.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
JOHNSON FOOD SHELF 1029 CODDING HOLLOW ROAD, P.O. BOX JOHNSON, VT 05656	03-0339124	501(C)(3)	0.	65,726.			ADDRESSING FOOD INSECURITY
JOSHUAS HOUSE (THE JOSHUA PALLOTTA FUND INC) - PO BOX 542 - COLCHESTER, VT 05446	81-2693903	501(C)(3)	5,300.	20,670.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
JUST BASICS 89 MAIN ST SUITE 4A MONTPELIER, VT 05602	27-4184842	501(C)(3)	14,300.	163,318.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
KINGDOM COMMUNITY SERVICES P.O. BOX 735 SAINT JOHNSBURY, VT 05819	03-0189247	501(C)(3)	5,500.	37,890.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
KITCHEN CUPBOARD P.O. BOX 702 BENNINGTON, VT 05201	03-0369844	501(C)(3)	26,200.	247,527.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
LAMOILLE COMMUNITY FOOD SHARE P.O. BOX 173 MORRISVILLE, VT 05661-0173	03-6068173	501(C)(3)	13,400.	111,702.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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LAMOILLE COMMUNITY HOUSE PO BOX 537 HYDE PARK, VT 05655	84-2586480	501(C)(3)	5,300.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
LAMOILLE COUNTY MENTAL HEALTH SERVICES - 72 HARREL STREET - MORRISVILLE, VT 05661	03-0219658	501(C)(3)	0.	25,440.			ADDRESSING FOOD INSECURITY
LAMOILLE HEALTH PARTNERS 609 WASHINGTON HWY MORRISVILLE, VT 05661-0173	04-3358048	501(C)(3)	40,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
LITTLE RIVERS HEALTH CARE 4628 MAIN STREET NEWBURY, VT 05051	16-1678092	501(C)(3)	0.	9,817.			ADDRESSING FOOD INSECURITY
LOAVES AND FISHES 193 MAIN STREET BRATTLEBORO, VT 05301	03-0181249	501(C)(3)	8,800.	327,718.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
LUNENBURG, GILMAN & CONCORD SENIOR CITIZENS, INC. - PO BOX 38 - GILMAN, VT 05904	23-7371936	501(C)(3)	5,300.	8,543.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
LYNDON AREA FOOD SHELF PO BOX 609 LYNDONVILLE, VT 05851	03-0319732	501(C)(3)	0.	19,826.			ADDRESSING FOOD INSECURITY
MAD RIVER VALLEY COMMUNITY PANTRY PO BOX 342 WAITSFIELD, VT 05673	03-0261729	501(C)(3)	0.	5,960.			ADDRESSING FOOD INSECURITY
MANCHESTER COMMUNITY CUPBOARD PO BOX 864 MANCHESTER CENTER, VT 05255	03-0335781	501(C)(3)	10,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAQUAM BAY OF MISSISQUOI INC 100 GRAND AVE. SWANTON, VT 05488	47-3962858	501(C)(3)	23,300.	245,339.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
MEALS ON WHEELS OF LAMOILLE CO P.O. BOX 1427 MORRISVILLE, VT 05661	22-3240238	501(C)(3)	0.	6,834.			ADDRESSING FOOD INSECURITY
MILTON FAMILY COMMUNITY CENTER P.O. BOX 619 MILTON, VT 05468-0619	03-0309155	501(C)(3)	5,300.	106,234.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
MOUNTAIN COMMUNITIES SUPPORTING EDUCATION INC. ACT BENNINGTON - PO BOX 1355 - BENNINGTON, VT 05201	03-0359264	501(C)(3)	5,600.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
NEIGHBORS HELPING NEIGHBORS 1222 MAIN STREET SAINT JOHNSBURY, VT 05819	03-0301520	501(C)(3)	0.	14,935.			ADDRESSING FOOD INSECURITY
NEIGHBORS IN ACTION P.O. BOX 157 CABOT, VT 05647	20-8406050	501(C)(3)	7,785.	377,371.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
NEIGHBORS IN ACTION/NEK P.O. BOX 515 LYNDONVILLE, VT 05851	20-8406050	501(C)(3)	13,900.	184,779.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
NEKCA CANAAN PO BOX 346 NEWPORT, VT 05855	03-0276709	501(C)(3)	0.	19,662.			ADDRESSING FOOD INSECURITY
NEKCA ISLAND POND PO BOX 346 NEWPORT, VT 05855	03-0276709	501(C)(3)	0.	85,000.			ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEKCA NEWPORT PO BOX 346 NEWPORT, VT 05855	03-0276709	501(C)(3)	5,300.	238,697.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
NEKCA ST. JOHNSBURY PO BOX 346 NEWPORT, VT 05855	03-0276709	501(C)(3)	11,400.	249,896.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
NEWBURY FOOD SHELF P.O. BOX 170 NEWBURY, VT 05051	62-0535346	501(C)(3)	0.	9,511.			ADDRESSING FOOD INSECURITY
NOFA - VT PO BOX 697 RICHMOND, VT 05477	22-3260420	501(C)(3)	72,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
NORTH CENTRAL VERMONT RECOVERY CENTER - 275 BROOKLYN STREET SUITE 2 - MORRISVILLE, VT 05661	03-0629279	501(C)(3)	0.	9,406.			ADDRESSING FOOD INSECURITY
NORTHGATE RESIDENTS OWNERSHIP CORPORATION - 275 NORTHGATE ROAD - BURLINGTON, VT 05408	03-0317529	501(C)(3)	0.	13,013.			ADDRESSING FOOD INSECURITY
NORTHWEST FAMILY FOODS/CVOEO 5 LEMNAH DRIVE SUITE 5 SAINT ALBANS, VT 05478	03-0216837	501(C)(3)	5,500.	313,029.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
NORTHWEST REGIONAL PLANNING COMMISSION (HEALTHY ROOTS COLLABORATIVE) - 75 FAIRFIELD STREET - SAINT ALBANS, VT 05478	03-0223756	501(C)(3)	17,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ONION RIVER FOOD SHELF 1595 CENTER ROAD MONTPELIER, VT 05602	03-0358702	501(C)(3)	6,225.	35,690.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR MISSION 31 PARK STREET RUTLAND, VT 05701	03-6012510	501(C)(3)	0.	74,075.			ADDRESSING FOOD INSECURITY
ORANGE COUNTY PARENT CHILD CENTER 693 VT ROUTE 110 TUNBRIDGE, VT 05077	03-0241750	501(C)(3)	5,100.	25,197.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ORANGE EAST SENIOR CENTER 176 WAITS RIVER ROAD BRADFORD, VT 05033	03-0229195	501(C)(3)	0.	13,329.			ADDRESSING FOOD INSECURITY
OUR NEIGHBORS TABLE P.O. BOX 912 WELLS, VT 05774	45-2664404	501(C)(3)	0.	9,649.			ADDRESSING FOOD INSECURITY
OUR PLACE DROP-IN CENTER 4 ISLAND STREET BELLOWS FALLS, VT 05101	03-0333339	501(C)(3)	7,000.	78,351.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
PITTSFORD FOOD SHELF P.O. BOX 553 PITTSFORD, VT 05763	83-0504852	501(C)(3)	21,600.	33,317.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
POULTNEY FOOD SHELF P.O BOX 96 POULTNEY, VT 05764	03-0323097	501(C)(3)	0.	51,923.			ADDRESSING FOOD INSECURITY
PRAISE CHAPEL CHRISTIAN OUTRCH P.O. BOX 620 HARTFORD, VT 05047-0620	03-0336941	501(C)(3)	0.	77,653.			ADDRESSING FOOD INSECURITY
PUTNEY FOODSHELF INCORPORATED P.O. BOX 337 PUTNEY, VT 05346	46-2262086	501(C)(3)	18,400.	332,579.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RALLY CAT'S CUPBOARD 109 CARRIGAN DRIVE BURLINGTON, VT 05401	03-0179440	501(C)(3)	0.	76,800.			ADDRESSING FOOD INSECURITY
RANDOLPH AREA FOOD SHELF 12 PRINCE STREET UNIT 3 RANDOLPH, VT 05060	03-0324429	501(C)(3)	6,950.	128,841.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
RCPC -14 CHAPLIN AVENUE 61 PLEASANT STREET RUTLAND, VT 05701	22-2589017	501(C)(3)	0.	32,658.			ADDRESSING FOOD INSECURITY
READING-WEST WINDSOR FOOD SHELF P.O. BOX 384 BROWNSVILLE, VT 05037	36-2167731	501(C)(3)	0.	38,571.			ADDRESSING FOOD INSECURITY
RETREAT FARM 939 UPPER DUMMERSTON RD BRATTLEBORO, VT 05301	47-5042006	501(C)(3)	0.	25,491.			ADDRESSING FOOD INSECURITY
ROXBURY FOOD SHELF P.O. BOX 314 ROXBURY, VT 05669	23-7116938	501(C)(3)	0.	14,208.			ADDRESSING FOOD INSECURITY
RURALEGE (MOUNTAIN VIEW APT. (SASH)) - 94 MAIN ST - ISLAND POND, VT 05846	03-0301520	501(C)(3)	10,275.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
RUTLAND COMMUNITY CUPBOARD 65 RIVER STREET RUTLAND, VT 05701	03-0353493	501(C)(3)	0.	285,818.			ADDRESSING FOOD INSECURITY
RUTLAND COUNTY PARENT CHILD CENTER 61 PLEASANT STREET RUTLAND, VT 05701	03-0348978	501(C)(3)	14,900.	73,911.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTLAND COUNTY PARENT CHILD CENTER AT BRANDON - 61 PLEASANT STREET - RUTLAND, VT 05733	03-0348978	501(C)(3)	0.	37,212.			ADDRESSING FOOD INSECURITY
RUTLAND SALVATION ARMY PO BOX 218 RUTLAND, VT 05701	36-3805307	501(C)(3)	6,349.	24,905.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
RUTLAND UNITED METHODIST CHURCH 60 STRONGS AVE. RUTLAND, VT 05701	03-6000174	501(C)(3)	14,000.	69,569.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SALVATION FARMS PO BOX 1174 MORRISVILLE, VT 05661-0173	45-2954564	501(C)(3)	10,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SECOND CONGREGATIONAL CHURCH 1575 BOYNTON ROAD (P.O.BOX 77) LONDONDERRY, VT 05148	22-0251053	501(C)(3)	7,600.	13,553.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SENIOR SOLUTIONS 38 PLEASANT STREET SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	12,700.	3,168.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SHARES CORP VT P.O. BOX 1365 LYNDONVILLE, VT 05851	85-3937574	501(C)(3)	8,800.	17,200.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SHARON FOOD SHELF 55 VT. ROUTE 132 SHARON, VT 05065	03-6009878	501(C)(3)	0.	9,785.			ADDRESSING FOOD INSECURITY
SHEFFIELD FOOD PANTRY P.O. BOX 36 SHEFFIELD, VT 05866	45-0557832	501(C)(3)	5,300.	36,605.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELDON METHODIST CHURCH 240 BOARDING HOUSE ST. SHELDON, VT 05483		501(C)(3)	0.	379,089.			ADDRESSING FOOD INSECURITY
SID'S PANTRY P.O. BOX 345 CONCORD, VT 05824	82-3008765	501(C)(3)	0.	19,751.			ADDRESSING FOOD INSECURITY
SLATE VALLEY CARES 49 MAIN STREET FAIR HAVEN, VT 05743	03-0287987	501(C)(3)	23,300.	213,317.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SOUTH BURLINGTON FOOD SHELF PO BOX 9417 SOUTH BURLINGTON, VT 05403	89-3875131	501(C)(3)	0.	148,553.			ADDRESSING FOOD INSECURITY
SOUTH ROYALTON AREA FOOD SHELF P.O. BOX 116 SOUTH ROYALTON, VT 05068	03-6006388	501(C)(3)	0.	16,014.			ADDRESSING FOOD INSECURITY
SPRINGFIELD AREA PARENT CHILD CENTER - 80 JACK AND JILL LANE - NORTH SPRINGFIELD, VT 05150	22-3174684	501(C)(3)	0.	39,097.			ADDRESSING FOOD INSECURITY
SPRINGFIELD FAMILY CENTER PO BOX 20 NORTH SPRINGFIELD, VT 05150	03-0265213	501(C)(3)	13,300.	53,949.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ST BRIGID'S KITCHEN 47 WALNUT STREET BRATTLEBORO, VT 05301	03-0181252	501(C)(3)	10,862.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ST JOHNSBURY NUTRITION CENTER P.O. BOX 21 ST. JOHNSBURY, VT 05819-0021	03-0353487	501(C)(3)	7,520.	208,674.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE FAMILY RESOURCE CENTER 244 UNION STREET BENNINGTON, VT 05201-1517	03-0222789	501(C)(3)	6,300.	4,578.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SUSU COMMUNITY FARM 94 RIVER RD APT #3 NEWFANE, VT 05345	87-4165704	501(C)(3)	30,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SWANTON COMMUNITY FOOD SHELF 65 CANADA STREET SWANTON, VT 05488	03-0181244	501(C)(3)	0.	93,797.			ADDRESSING FOOD INSECURITY
THE COMMUNITY KITCHEN PO BOX 1315 KEENE, NH 03431	22-2473346	501(C)(3)	5,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
THE COMMUNITY KITCHEN (KEENE) PO BOX 1315 KEENE, VT 03431	22-2473346	501(C)(3)	0.	222,153.			ADDRESSING FOOD INSECURITY
THE GALLEY/BARRE HOUSING 30 WASHINGTON STREET.SUITE 1 BARRE, VT 05641	03-0276104	501(C)(3)	0.	22,905.			ADDRESSING FOOD INSECURITY
THE GARLAND SCHOOL 130 AUSTINE DR #3 BRATTLEBORO, VT 05301-6798	90-0496179	501(C)(3)	6,780.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
THE ROOT SOCIAL JUSTICE CENTER INC 28 WILLIAM ST BRATTLEBORO, VT 05301	82-1917956	501(C)(3)	133,600.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
THETFORD FOOD SHELF P.O. BOX 126 THETFORD CENTER, VT 05075	22-2738766	501(C)(3)	0.	12,268.			ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWNSHEND COMMUNITY FOOD SHELF P.O. BOX 542 TOWNSHEND, VT 05353	41-2249138	501(C)(3)	0.	24,180.			ADDRESSING FOOD INSECURITY
TRINITY EVANGELICAL FREE CHURCH- WINDSOR COMMUNITY - P.O. BOX 462 - WINDSOR, VT 05089	03-0273966	501(C)(3)	0.	6,678.			ADDRESSING FOOD INSECURITY
TRUSTEES OF THE DIOCESE OF VERMONT DBA CHURCH OF OUR SAVIOR, MISSION FARM - 316 MISSION FARM ROAD - KILLINGTON, VT 05751	80-0668304	501(C)(3)	9,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
TURNING POINT CENTER OF RUTLAND 141 STATE STREET RUTLAND, VT 05701	51-0425091	501(C)(3)	13,500.	7,572.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
TURNING POINT OF WINDHAM CO. 39 ELM STREET BRATTLEBORO, VT 05301	65-1278995	501(C)(3)	0.	33,368.			ADDRESSING FOOD INSECURITY
TURNING POINT OF WINDHAM COUNTY 39 ELM STREET BRATTLEBORO, VT 05301	65-1278995	501(C)(3)	5,300.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
TWIN VALLEY SENIORS, INC P.O. BOX 152 EAST MONTPELIER, VT 05651	22-3309872	501(C)(3)	7,000.	4,500.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
UMBRELLA-ST. JOHNSBURY 1216 RAILROAD ST. SUITE C SAINT JOHNSBURY, VT 05819	03-0268884	501(C)(3)	0.	32,104.			ADDRESSING FOOD INSECURITY
UNITED CHURCH OF CHELSEA P.O. BOX 98 CHELSEA, VT 05038-0098	36-2167731	501(C)(3)	0.	31,439.			ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CHURCH OF NEWPORT 63 THIRD STREET NEWPORT, VT 05855	03-6003630	501(C)(3)	0.	45,907.			ADDRESSING FOOD INSECURITY
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001	03-0277908	501(C)(3)	0.	157,085.			ADDRESSING FOOD INSECURITY
UPPER VALLEY HAVEN 2 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001	03-0277908	501(C)(3)	0.	449,016.			ADDRESSING FOOD INSECURITY
UVM 109 CARRIGAN DRIVE BURLINGTON, VT 05401	03-0179440	501(C)(3)	6,300.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
VERGENNES COMMUNITY FOOD SHELF 30 SOUTH WATER STREET VERGENNES, VT 05491	03-0261193	501(C)(3)	5,300.	57,993.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
VERMONT ACHIEVEMENT CENTER 88 PARK STREET RUTLAND, VT 05701	03-0179407	501(C)(3)	5,100.	14,817.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
VERNON ADVENT CHRISTIAN CHURCH-BREAD OF LIFE FOOD - 4554 FORT BRIDGMAN RD. - VERNON, VT 05354	03-6007241	501(C)(3)	0.	50,167.			ADDRESSING FOOD INSECURITY
VILLAGE HYDROPONICS, INC 14 DECATUR STREET APT A BURLINGTON, VT 05401	92-2152215	501(C)(3)	20,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WATERBURY COMMON MARKET 57 SOUTH MAIN STREET, SUITE 3 WATERBURY, VT 05676-0214	03-6033701	501(C)(3)	6,700.	64,778.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCMH/SUNRISE WELNESS CENTER 885 S. BARRE RD. BARRE, VT 05641	03-0215872	501(C)(3)	0.	14,245.			ADDRESSING FOOD INSECURITY
WCYS / MOUNTAINSIDE HOUSE PO BOX 357 PROCTORSVILLE, VT 05149	22-3249987	501(C)(3)	0.	6,093.			ADDRESSING FOOD INSECURITY
WEATHERSFIELD FOOD SHELF P.O. BOX 69 ASCUTNEY, VT 05030	46-3701382	501(C)(3)	0.	41,673.			ADDRESSING FOOD INSECURITY
WEBSTERVILLE BAPTIST CHURCH P.O. BOX 1 WEBSTERVILLE, VT 05678-0001	03-0224387	501(C)(3)	7,400.	3,988.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WEST BARNET SR. MEALS P.O. BOX 134 BARNET, VT 05821	03-0309491	501(C)(3)	0.	16,285.			ADDRESSING FOOD INSECURITY
WHITE PINE ASSOCIATION 188 ALLEN BENT ROAD WEST BRAINTREE, VT 05669	14-1974240	501(C)(3)	16,500.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WHITE RIVER COUNCIL ON AGING 262 NORTH MAIN STREET WHITE RIVER JCT, VT 05001	03-0261891	501(C)(3)	11,200.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WILLIAMSTOWN FOOD SHELF P.O. BOX 133 WILLIAMSTOWN, VT 05679	82-4374129	501(C)(3)	0.	25,406.			ADDRESSING FOOD INSECURITY
WILLING HANDS ENTERPRISES 198 CHURCH STREET NORWICH, VT 05055	20-2204811	501(C)(3)	13,700.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLISTON COMMUNITY FOOD SHELF P.O. BOX 1605 WILLISTON, VT 05495	26-2988391	501(C)(3)	0.	180,635.			ADDRESSING FOOD INSECURITY
WINDSOR COMMUNITY FOOD SHELF P.O. BOX 46 WINDSOR, VT 05089-0046	03-0181249	501(C)(3)	5,600.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WINOOSKI FOOD SHELF P.O. BOX 53 WINOOSKI, VT 05404	03-6006998	501(C)(3)	0.	59,579.			ADDRESSING FOOD INSECURITY
WINOOSKI SCHOOL DISTRICT 80 NORMAND STREET WINOOSKI, VT WINOOSKI, VT 05404	03-6000783	501(C)(3)	7,000.	0.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WOODBURY CALAIS FOOD SHELF P.O. BOX 142 WOODBURY, VT 05681	51-0472073	501(C)(3)	0.	48,836.			ADDRESSING FOOD INSECURITY
WOODSTOCK COMMUNITY FOOD SHELF P.O. BOX 570 WOODSTOCK, VT 05091	30-0478586	501(C)(3)	0.	6,755.			ADDRESSING FOOD INSECURITY
WORCESTER COMMUNITY KITCHEN AND FOOD SHELF - 25 HAMPSHIRE HILL ROAD - WORCESTER, VT 05682	03-0285673	501(C)(3)	0.	27,889.			ADDRESSING FOOD INSECURITY
YOUNG AT HEART SENIOR CENTER 206 FURNACE STREET POULTNEY, VT 05764	03-0262328	501(C)(3)	0.	86,905.			ADDRESSING FOOD INSECURITY

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
FOOD ASSISTANCE TO VARIOUS INDIVIDUALS	103132	0.	3,851,559.	FMV	FOOD INVENTORY

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:

GRANT EXPENDITURES ARE REVIEWED ON A REGULAR BASIS TO ENSURE THE RECIPIENT IS USING THE FUNDS AWARDED FOR THE INTENDED PURPOSE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

VERMONT FOODBANK

Employer identification number

22-3021942

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN SAYLES CHIEF EXECUTIVE OFFICER	(i)	173,901.	0.	0.	5,184.	32,591.	211,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIE-ANN GRAVES FORMER CHIEF FINANCIAL OFFICER	(i)	128,672.	0.	0.	3,895.	20,757.	153,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **VERMONT FOODBANK** Employer identification number: **22-3021942**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	10093490	19,884,176.	FEEDING AMERICA GUID
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 19, COLUMN (D)

ESTIMATED FAIR VALUE OF DONATED FOOD INVENTORY IS BASED ON THE MOST RECENT PRODUCT VALUATION SURVEY METHODOLOGY PREPARED BY FEEDING AMERICA (REPORT AS OF DECEMBER 31, 2023).

THE PRODUCT VALUATION SURVEY METHODOLOGY CALCULATES THE ESTIMATED FAIR VALUE OF DONATED FOOD INVENTORY UTILIZING THE AVERAGE WHOLESALE PRICE AS DETERMINED BY THE SPARTANNASH ELECTRONIC REFERENCE CATALOGS FOR GROCERY, BAKERY, FROZEN, DAIRY, GENERAL MERCHANDISE, HEALTH AND BEAUTY, PROCESSED MEAT, NON-DEPARTMENT, AND PRODUCE PRICE CATALOGS FOR IDENTICAL OR SIMILAR FOOD ITEMS.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

VERMONT FOODBANK

Employer identification number

22-3021942

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

FEEDING AMERICA NETWORK. OUR MISSION IS TO GATHER AND SHARE QUALITY
FOOD AND NURTURE PARTNERSHIPS SO THAT NO ONE IN VERMONT WILL GO HUNGRY.
WE PROVIDE NOURISHING FOOD THROUGH A NETWORK OF MORE THAN 360 PARTNERS
FOOD SHELVES, MEAL SITES, SCHOOLS, HOSPITALS, AND HOUSING SITES. FOOD
INSECURITY HAS INCREASED IN RECENT YEARS AS A RESULT OF COMPOUNDING
ECONOMIC IMPACTS AND VERMONT FOODBANK HAS BEEN ON THE FRONT LINES,
WORKING TO ENSURE THAT EVERYONE HAS THE FOOD THEY NEED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCREASING REFRIGERATION CAPACITY TO ENABLING PURCHASING FRESH PRODUCE
FROM LOCAL, SMALL-SCALE FARMS).

THE FOODBANK WORKED WITH MORE THAN 21 PARTNERS, HOSPITALS, AND SCHOOLS
TO HOST FRESH FOOD DISTRIBUTION EVENTS ACROSS ALL VERMONT COUNTIES,
DISTRIBUTING FRESH FOODS TO AN AVERAGE OF 8,250 HOUSEHOLDS A MONTH. THE
VERMONT FOODBANK CONTINUES TO SEE SIGNIFICANT INCREASES IN EXPENSES
OVER PRE-PANDEMIC BUDGETS. VERMONT FOODBANK HAS RELIED ON RESERVES TO
CONTINUE TO MEET THIS INCREASED LEVEL OF NEED IN FY24. REVENUE IN
FISCAL YEAR 2024 MET PROJECTIONS, MAINLY THROUGH PRIVATE PHILANTHROPY
AND A \$1.3M APPROPRIATION FROM THE STATE OF VERMONT.

A 2022 STUDY BY THE UNIVERSITY OF VERMONT SHOWS THAT 2 IN 5 PEOPLE IN
VERMONT EXPERIENCED FOOD INSECURITY IN THE 12 MONTHS PRIOR. THIS DATA
IS SUPPORTED BY 2023 DATA SHARED BY THE USDA, WHICH ALSO SHOWS A SECOND

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

Schedule O (Form 990) 2023

Name of the organization VERMONT FOODBANK	Employer identification number 22-3021942
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YEAR IN A ROW OF RISING FOOD INSECURITY RATES. THESE STUDIES SHOW THAT FOOD INSECURITY IS FAR HIGHER THAN THE 9.6% FOOD INSECURITY RATE VERMONT SAW BEFORE THE CASCADING CRISES OF THE PAST THREE YEARS AND IS ALSO HIGHER THAN AT ANY POINT IN 2020 OR 2021, DURING THE HEIGHT OF THE PANDEMIC IMPACTS. THIS SUMMER'S CATASTROPHIC FLOODING AROUND THE STATE, FOR A SECOND YEAR IN A ROW, CREATED AN ADDITIONAL CRISIS FOR OUR NEIGHBORS EXPERIENCING HUNGER AND HAS PUT ADDITIONAL PRESSURE ON THE CHARITABLE AND EMERGENCY FOOD NETWORK. THIS LEVEL OF NEED IS BEYOND WHAT OUR NETWORK OF COMMUNITY ORGANIZATIONS WAS BUILT TO ADDRESS. THE NEED WAS MADE STARKER BY RISING INFLATION, HIGHER COSTS OF LIVING, WIDESPREAD FLOODING EVENTS, AND THE END OF STATE-SUPPORTED TEMPORARY HOUSING FOR PREVIOUSLY UNHOUSED INDIVIDUALS AND FAMILIES DISPLACING RESIDENTS AND DISRUPTING THE PATCHWORK OF FEEDING SOLUTIONS CREATED AROUND THAT PROGRAM. WE KNOW FROM PAST EXPERIENCE THAT RECOVERY FROM ANY ONE OF THESE CHALLENGES TAKES TIME. FOOD INSECURITY RATES STEMMING FROM THE ECONOMIC CRISIS OF 2008-2009 TOOK ALMOST A DECADE TO RETURN TO PRE-2008 LEVELS. FOR EXAMPLE, IN 2024 VERMONT FOODBANK DISTRIBUTED MORE THAN 14.5 MILLION POUNDS OF FOOD PRE-PANDEMIC THAT NUMBER WAS BETWEEN 6-9 MILLION POUNDS PRE -2008.

THE VERMONT FOODBANK, THE STATE'S ONLY FOOD BANK, IS AN INTEGRAL PART OF VERMONT'S FOOD SECURITY RESPONSE SYSTEM. INCREASED LEVELS OF FOOD INSECURITY OVER THE LAST TWO YEARS HAVE STRAINED RESOURCES AT BOTH VERMONT FOODBANK AND ITS NETWORK OF MORE THAN 220 FOOD ACCESS AGENCIES (FOOD SHELVES, MEAL SITES, ETC.). PHILANTHROPIC SUPPORT HAS REMAINED STRONG, BUT THE RESOURCES NEEDED TO SUSTAIN INCREASED LEVELS OF OPERATIONS ARE OUTPACING FINANCIAL RESOURCES. VERMONT FOODBANK IS ADVOCATING FOR INCREASED STATE SUPPORT TO HELP CLOSE THIS GAP AND IN

Name of the organization

VERMONT FOODBANK

Employer identification number

22-3021942

ACKNOWLEDGEMENT OF THE ONGOING ROLE VERMONT FOODBANK AND ITS PARTNERS
PLAY IN ENSURING PEOPLE IN VERMONT HAVE ACCESS TO THE MOST BASIC
NEED-NOURISHING FOOD. WHETHER THAT IS DUE TO ECONOMIC INSECURITY, A
NATURAL DISASTER, OR DISRUPTIONS IN POLICY AND PROGRAMS AT THE FEDERAL
LEVEL, VERMONT FOODBANK AND ITS PARTNERS CONTINUE TO GATHER AND SHARE
NOURISHING FOOD SO THAT NO ONE IN VERMONT WILL GO HUNGRY.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE.

THE PUBLIC ACCOUNTING FIRM, WARREN AVERETT, FINALIZES THE RETURN AND
PROVIDES TECHNICAL AND REPORTING ADVICE TO THE BOARD MEMBERS TO ENSURE A
COMPLETE AND ACCURATE RETURN IS FILED WITH THE IRS. ONCE THE BOARD APPROVES
THE FORM 990, WARREN AVERETT FILES WITH THE IRS.

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

THE VERMONT FOODBANK HAS A SMALL BOARD AND STAFF AND EXISTS IN A SMALL
STATE. THE FINANCE TEAM AND ACCOUNTING TEAM-MEMBERS THAT ARE RESPONSIBLE
FOR PAYING INVOICES, MONITOR TRANSACTIONS AND NEW VENDORS TO ENSURE THAT NO
CONFLICTS OF INTEREST ARE APPARENT.

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

THE BOARD OF DIRECTORS REVIEWS, SETS AND APPROVES THE EXECUTIVE DIRECTOR'S
COMPENSATION ON AN ANNUAL BASIS. COMPENSATION FOR OTHER KEY EMPLOYEES IS
SET THROUGH A COMPENSATION PLAN DEVELOPED IN CONSULTATION WITH A CONSULTING
FIRM AND MAINTAINED BY THE HUMAN RESOURCES DEPARTMENT AND THE LEADERSHIP

Name of the organization VERMONT FOODBANK	Employer identification number 22-3021942
--	--

TEAM.

FORM 990, PART VI, SECTION C, LINE 18:

THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE POSTED TO THE ORGANIZATION'S WEBSITE.

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

IF INFORMATION IS REQUESTED VIA THE ORGANIZATION'S EMAIL OR WEBSITE, A COPY IS MAILED TO THE REQUESTING PARTY.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S PROCESS FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE TAX YEAR.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. VERMONT FOODBANK	Taxpayer identification number (TIN) 22-3021942
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 33 PARKER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BARRE, VT 05641	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **LEESA STEWART**
33 PARKER ROAD - BARRE, VT 05641

Telephone No. **802-522-7896** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **OCT 1**, 20 **23**, and ending **SEP 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
SEPTEMBER 30, 2024

PREPARED FOR:

VERMONT FOODBANK
33 PARKER ROAD
BARRE, VT 05641

PREPARED BY:

WARREN AVERETT, LLC
2500 ACTON ROAD
BIRMINGHAM, AL 35243

AMOUNT OF TAX:

BALANCE DUE OF \$775

MAKE CHECK PAYABLE TO:

NEW YORK CHARITIES BUREAU

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
28 LIBERTY STREET
NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

ALSO BE SURE THAT THE ATTACHED COPY OF THE FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM CHAR500.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2023
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **10/01/2023** and Ending (mm/dd/yyyy) **09/30/2024**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: VERMONT FOODBANK	Employer Identification Number (EIN): 22-3021942
	Mailing Address: 33 PARKER ROAD	NY Registration Number:
	City / State / ZIP: BARRE, VT 05641	Telephone:
	Website: WWW.VTFOODBANK.ORG	Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:

Signature

Print Name and Title

Date

LEESA STEWART

Chief Financial Officer or Treasurer:

Signature

Print Name and Title

Date

CHIEF FINANCIAL OFFI

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2023

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: VERMONT FOODBANK	NY Registration Number:
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2. Government Grants

Name of Government Agency	Amount of Grant
1. GOVERNMENT GRANTS	1. 206,056.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 206,056.