



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, 2025

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**PREPARED FOR:**

VERMONT FOODBANK  
33 PARKER ROAD  
BARRE, VT 05641

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**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:**

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**RETURN MUST BE MAILED ON OR BEFORE:**

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 and ending SEP 30, 2025

B Check if applicable: C Name of organization: VERMONT FOODBANK
D Employer identification number: 22-3021942
E Telephone number: 802-476-3341
G Gross receipts \$: 39,546,763.
H(a) Is this a group return for subordinates?
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 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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 of officer: LEESA STEWART, CHIEF FINANCIAL OFFICER
Preparer's name: MEGAN RANDOLPH
Preparer's signature:
Date: 03/10/26
Firm's name: WARREN AVERETT, LLC
Firm's address: 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 WILL GO 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 \$ 28,702,812. including grants of \$ 19,845,703. ) (Revenue \$ 152,772. ) IN FISCAL YEAR 2025, VERMONT FOODBANK DISTRIBUTED MORE THAN 14.1 MILLION POUNDS OF DONATED FOOD, USDA FOODS, AND PURCHASED FOOD DIRECTLY TO INDIVIDUALS AND TO MORE THAN 220 NETWORK PARTNERS. OF THAT, OVER 4.4 MILLION POUNDS OF FRESH FRUITS AND VEGETABLES WERE DISTRIBUTED, AND 50% OF THE FOOD DISTRIBUTED WAS FRESH FOOD (PRODUCE, MEAT, EGGS, AND DAIRY). VERMONT FOODBANK ALSO WORKED WITH ALMOST 225 VERMONT FARMS TO PURCHASE, GATHER AND SHARE CLOSE TO \$1.9 MILLION WORTH OF VERMONT-GROWN FOOD. DURING THE SAME PERIOD, THE FOODBANK FUNDED 369 GRANTS TOTALING CLOSE TO \$1.3M TO NETWORK AND PROGRAM PARTNER ORGANIZATIONS. THESE GRANTS, WHICH REACHED EVERY COUNTY IN VERMONT, DEEPENED OUR IMPACT AND HELPED SOLVE TARGETED CHALLENGES TO FOOD ACCESS IN LOCAL COMMUNITIES (EXAMPLES INCLUDE INCREASING REFRIGERATION CAPACITY TO ENABLING

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 28,702,812.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses for questions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11a, 11d, 11e, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, and 21.

**Part IV Checklist of Required Schedules** (continued)

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

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 48	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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. [X] Own website [ ] Another's website [X] 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				178,578.	0.	44,596.
(2) MONICA URQUHART CHIEF EQUITY PEOPLE/CULTURE OFFICER	40.00 0.00			X				126,989.	0.	39,256.
(3) JASON MARING CHIEF OPERATIONS OFFICER	40.00 0.00			X				122,348.	0.	39,765.
(4) CHRIS MEEHAN CHIEF COMMUNITY IMPACT OFFICER	40.00 0.00			X				117,594.	0.	40,348.
(5) HILLARY ORSINI CHIEF OF STAFF	40.00 0.00			X				123,522.	0.	28,974.
(6) LEESA STEWART CHIEF FINANCIAL OFFICER	40.00 0.00			X				127,660.	0.	17,429.
(7) SARAH KEBLIN CHIEF PHILANTHROPY OFFICER	40.00 0.00			X				123,037.	0.	5,613.
(8) MITZI JOHNSON BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(9) PENROSE JACKSON VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(10) AMY MARIE DAVENPORT SECRETARY	2.00 0.00	X		X				0.	0.	0.
(11) WILL EBERLE TRUSTEE	2.00 0.00	X						0.	0.	0.
(12) MIKE HOURIGAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(13) IAN MACFARLAND TRUSTEE	2.00 0.00	X						0.	0.	0.
(14) JACOB PARK TRUSTEE	2.00 0.00	X						0.	0.	0.
(15) MELISSA ROBERGE TRUSTEE	2.00 0.00	X						0.	0.	0.
(16) LIZ RUFFA TRUSTEE	2.00 0.00	X						0.	0.	0.
(17) ELIZABETH SCHUMACHER 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) FITZROY BECKFORD TRUSTEE	2.00 0.00	X						0.	0.	0.
(19) LYNN ELLEN SCHIMOLLER TRUSTEE	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								919,728.	0.	215,981.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								919,728.	0.	215,981.

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 7

	Yes	No
3 Did the organization list any <b>former</b> 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	606,258.
TURNER PIPING INC. 92 PARK ST, RUTLAND, VT 05701	RUTLAND WAREHOUSR CONSTRUCTION	319,853.
RYDER TRANSPORTATION SERVICES 521 SHUNPIKE RD, WILLISTON, VT 05495	TRUCK LEASE	241,257.
ACTION CIRCLES 3 SHIPMAN PL, MONTPELIER, VT 05602	PUBLIC POLICY, ADVOCACY AND LOBBYIN	208,494.

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 4

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,748,427.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	34,936,647.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 21,960,769.				
	<b>h Total.</b> Add lines 1a-1f .....		36,685,074.				
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP & DELIVERY FEES .....	<b>Business Code</b>					
		624210	15,975.	15,975.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		15,975.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		503,863.			503,863.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other	32,723.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		41,219.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-8,496.			
	<b>d</b> Net gain or (loss) .....			-8,496.		-8,496.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	2,172,331.					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	3,582,471.					
<b>c</b> Net income or (loss) from sales of inventory .....		-1,410,140.	-1410140.				
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME .....	<b>Business Code</b>					
		900099	136,797.	136,797.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		136,797.					
<b>12 Total revenue.</b> See instructions .....		35,923,073.	-1257368.	0.	495,367.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,415,605.	16,415,605.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	3,430,098.	3,430,098.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,180,339.	622,809.	385,628.	171,902.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,030,025.	3,709,408.	2,296,777.	1,023,840.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	500,982.	235,547.	261,794.	3,641.
<b>b</b> Legal	10,323.		10,323.	
<b>c</b> Accounting	71,212.		71,212.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	253,274.	22,545.	211,362.	19,367.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	46,360.	28,668.	15,042.	2,650.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	104,315.	50,886.	41,502.	11,927.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	458,124.	357,336.	50,394.	50,394.
<b>23</b> Insurance	95,608.	12.	95,596.	
<b>24</b> 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.)				
<b>a GRANTS PASS THRU</b>	1,323,452.	1,323,452.		
<b>b VEHICLES</b>	794,442.	783,501.	10,941.	
<b>c FUNDRAISING EXPENSES</b>	761,833.			761,833.
<b>d VAP EXPENSE</b>	723,129.	723,129.		
<b>e</b> All other expenses	1,555,219.	999,816.	504,723.	50,680.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	34,754,340.	28,702,812.	3,955,294.	2,096,234.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	648,541.	<b>1</b>	5,411,248.
	<b>2</b> Savings and temporary cash investments .....	195,983.	<b>2</b>	92,875.
	<b>3</b> Pledges and grants receivable, net .....	383,009.	<b>3</b>	272,200.
	<b>4</b> Accounts receivable, net .....	159,610.	<b>4</b>	147,621.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,775,615.	<b>8</b>	4,907,615.
	<b>9</b> Prepaid expenses and deferred charges .....	9,767.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 14,582,379.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,394,686.	<b>10c</b>	10,187,693.
	<b>11</b> Investments - publicly traded securities .....	17,532,111.	<b>11</b>	11,954,686.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,986,436.	<b>15</b>	2,720,994.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	34,865,077.	<b>16</b>	35,694,932.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,659,852.	<b>17</b>	1,416,228.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	2,492,767.	<b>25</b>	2,063,542.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,152,619.	<b>26</b>	3,479,770.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	30,675,987.	<b>27</b>	32,177,734.
	<b>28</b> Net assets with donor restrictions .....	36,471.	<b>28</b>	37,428.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	30,712,458.	<b>32</b>	32,215,162.
	<b>33</b> Total liabilities and net assets/fund balances .....	34,865,077.	<b>33</b>	35,694,932.

**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	35,923,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,754,340.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,168,733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,712,458.
5	Net unrealized gains (losses) on investments	5	398,679.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-64,710.
8	Prior period adjustments	8	2.
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	32,215,162.

**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	



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	49684087.	36823066.	32157838.	33832903.	36685074.	189182968
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	49684087.	36823066.	32157838.	33832903.	36685074.	189182968
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						189182968

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	49684087.	36823066.	32157838.	33832903.	36685074.	189182968
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	95,131.	232,823.	487,185.	402,382.	503,863.	1721384.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	64,337.	115,823.	123,144.	76,209.	136,797.	516,310.
<b>11 Total support.</b> Add lines 7 through 10						191420662
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,952,715.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.83 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	99.07 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>3a</b>		
<b>b</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>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			



Schedule B (Form 990)

(Rev. December 2024) 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

Name of the organization

VERMONT FOODBANK

Employer identification number

22-3021942

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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).

Name of organization  <b>VERMONT FOODBANK</b>	Employer identification number  <b>22-3021942</b>
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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>1,521,734.</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>4,750,659.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>VERMONT FOODBANK</b>	Employer identification number  <b>22-3021942</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR. _____ _____ _____	\$ 21,959,499.	09/30/25
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>VERMONT FOODBANK</b>	Employer identification number  <b>22-3021942</b>
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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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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

**2024**

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](http://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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>VERMONT FOODBANK</b>	Employer identification number (EIN) <b>22-3021942</b>
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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 ..... \$ \_\_\_\_\_
- 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 EINs 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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> 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>THEN 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:	THEN 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:	THEN 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		111,998.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			111,998.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments, and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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 II-B, LINE 1, LOBBYING ACTIVITIES:**

LOBBYING ACTIVITY EXPENSES OF \$62,131.06 ARE RELATED TO ACTIVITY SUPPORTING FUNDING REQUESTS TO VERMONT LEGISLATURE TO SUPPORT VERMONT FOODBANK FOOD PURCHASE AND DISTRIBUTION TO VERMONTERS EXPERIENCING FOOD INSECURITY (\$58,000 PAID TO A CONTRACTOR AND THE REMAINING \$4,131.06 IS VERMONT FOODBANK STAFF TIME), PRIMARILY DIRECT COMMUNICATION WITH LEGISLATORS AND ADMINISTRATION OFFICIALS. \$53,997.84 REPRESENTS THE COMPONENT OF LOBBYING WORK AT THE VERMONT LEGISLATURE AND STATE HOUSE THROUGH THE VERMONT FOOD SECURITY ROAD MAP PAID TO CONTRACTOR ACTION CIRCLES (36% OF THEIR ANNUAL CONTRACT IS ALLOCATED TO LOBBYING ACTIVITY; THE ABOVE AMOUNT REPRESENTS 36% OF THE CONTRACT FEES PAID FOR FY25).

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

**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		12,438,752.	2,855,679.	9,583,073.
c Leasehold improvements				
d Equipment		1,332,796.	1,017,888.	314,908.
e Other		810,831.	521,119.	289,712.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>10,187,693.</b>

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	2,720,994.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,720,994.

**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 OBLIGATIONS	2,063,542.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,063,542.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	39,904,223.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	398,679.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,582,471.	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>		3,981,150.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	35,923,073.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	35,923,073.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	38,401,521.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	3,582,471.	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>		3,582,471.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	34,819,050.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	-64,710.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b	<b>4c</b>		-64,710.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	34,754,340.

**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 3,582,471.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**  
 EXPENSES FROM SALES OF INVENTORY 3,582,471.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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
ADDISON ACCESS CENTER CVOEO P.O. BOX 1594 SOUTH BURLINGTON, VT 05403	03-0216837	501(C)(3)	23,740.	0.			ADDRESSING FOOD INSECURITY
AGAPE CHRISTIAN FELLOWSHIP 30 CANAL STREET BRATTLEBORO, VT 05301	22-2528488	501(C)(3)	10,006.	0.			ADDRESSING FOOD INSECURITY
ALBANY FOOD SHARE P.O. BOX 167 ALBANY, VT 05820	22-2966726	501(C)(3)	14,897.	0.			ADDRESSING FOOD INSECURITY
ARLINGTON FOOD SHELF P.O. BOX 723 ARLINGTON, VT 05250-0723	03-0330441	501(C)(3)	8,143.	0.			ADDRESSING FOOD INSECURITY
ARROWHEAD SENIOR CENTER P.O. BOX 785 MILTON, VT 05468	03-0274594	501(C)(3)	7,400.	0.			ADDRESSING FOOD INSECURITY
AUNT DOT'S PLACE INC. P.O. BOX 8216 ESSEX, VT 05451	81-3518888	501(C)(3)	13,229.	0.			ADDRESSING FOOD INSECURITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 227.

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) (Rev. 12-2024)

**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
BETHEL AREA FOOD SHELF PO BOX 211 BETHEL, VT 05032	93-3206748	501(C)(3)	34,493.	0.			ADDRESSING FOOD INSECURITY
BRADFORD CHURCHES FOOD SHELF P.O. BOX 684 BRADFORD, VT 05033	03-6010154	501(C)(3)	5,750.	0.			ADDRESSING FOOD INSECURITY
BROC BENNINGTON FOOD SHELF 45 UNION STREET RUTLAND, VT 05701	03-0216505	501(C)(3)	7,612.	0.			ADDRESSING FOOD INSECURITY
BROC COMMUNITY ACTION RUTLAND 45 UNION STREET RUTLAND, VT 05701	03-0216505	501(C)(3)	21,914.	0.			ADDRESSING FOOD INSECURITY
CAMBRIDGE COMMUNITY FOOD SHELF P.O. BOX 75 JEFFERSONVILLE, VT 05646-0075	03-0358691	501(C)(3)	12,187.	0.			ADDRESSING FOOD INSECURITY
CAPSTONE COMMUNITY ACTION, INC. 20 GABLE PLACE BARRE, VT 05641	03-0216254	501(C)(3)	104,992.	0.			ADDRESSING FOOD INSECURITY
CASTLETON CARES INC. P.O. BOX 475/ 504 MAIN ST CASTLETON, VT 05735	27-2389221	501(C)(3)	9,659.	0.			ADDRESSING FOOD INSECURITY
CHAMPLAIN HOUSING TRUST 88 KING STREET BURLINGTON, VT 05401	22-2536446	501(C)(3)	5,720.	0.			ADDRESSING FOOD INSECURITY
CHAMPLAIN ISLANDS FOOD SHELF P.O. BOX 24 NORTH HERO, VT 05474	03-0355563	501(C)(3)	6,949.	0.			ADDRESSING FOOD INSECURITY

**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
CHARLOTTE FOOD SHELF P.O. BOX 83 CHARLOTTE, VT 05445	03-7252421	501(C)(3)	8,735.	0.			ADDRESSING FOOD INSECURITY
CHESTER-ANDOVER FAMILY CENTER P.O. BOX 302 CHESTER, VT 05143	03-0349433	501(C)(3)	6,381.	0.			ADDRESSING FOOD INSECURITY
CIRCLE P.O. BOX 652 BARRE, VT 05641	03-0331147	501(C)(3)	8,200.	0.			ADDRESSING FOOD INSECURITY
COLCHESTER COMM. FOOD SHELF P.O. BOX 625 COLCHESTER, VT 05446	45-1742002	501(C)(3)	10,548.	0.			ADDRESSING FOOD INSECURITY
COMMUNITY FOOD CUPBOARD P.O. BOX 864 MANCHESTER CENTER, VT 05255-0864	03-0335781	501(C)(3)	17,450.	0.			ADDRESSING FOOD INSECURITY
COMPANIONS IN WHOLENESS 6039 MAIN STREET MANCHESTER CENTER, VT 05255	03-6000174	501(C)(3)	7,000.	0.			ADDRESSING FOOD INSECURITY
CRAFTSBURY FOOD SHARE PO BOX 1075 HARDWICK, VT 05843	36-4540160	501(C)(3)	10,805.	0.			ADDRESSING FOOD INSECURITY
DISTRIBUTION ACTIVITIES AND DIRECT DISTRIBUTION		501(C)(3)	0.	16,947,647.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
ENOSBURG FOOD SHELF P.O. BOX 616 ENOSBURG FALLS, VT 05450	03-0273384	501(C)(3)	6,633.	0.			ADDRESSING FOOD INSECURITY

**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
ENOUGH MINISTRIES PO BOX 98 BARRE, VT 05641	46-5361382	501(C)(3)	10,926.	0.			ADDRESSING FOOD INSECURITY
FAIRFIELD COMMUNITY CENTER ASSOCIATION - P.O. BOX 16 - EAST FAIRFIELD, VT 05448	03-0338566	501(C)(3)	11,006.	0.			ADDRESSING FOOD INSECURITY
FAMILY CENTER OF WASHINGTON COUNTY 383 SHERWOOD DRIVE MONTPELIER, VT 05602	22-2652676	501(C)(3)	30,272.	0.			ADDRESSING FOOD INSECURITY
FEEDING CHITTENDEN/CVOEO PO BOX 1594 BURLINGTON, VT 05402	03-0216837	501(C)(3)	44,243.	0.			ADDRESSING FOOD INSECURITY
FOODWORKS C/O GROUNDWORKS COLLABORATIVE - P.O. BOX 370 - BRATTLEBORO, VT 05353	03-0323807	501(C)(3)	18,922.	0.			ADDRESSING FOOD INSECURITY
GEORGIA FOOD SHELF 3878 ETHAN ALLEN HWY ST. ALBANS, VT 05478	22-2513478	501(C)(3)	7,649.	0.			ADDRESSING FOOD INSECURITY
GOOD SAMARITAN HAVEN PO BOX 1104 BARRE, VT 05641	22-2573788	501(C)(3)	25,000.	0.			ADDRESSING FOOD INSECURITY
GREATER RANDOLPH SENIOR CENTER 6 HALE STREET RANDOLPH, VT 05060	03-0236395	501(C)(3)	3,500.	121,180.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
GREEN ACRES (SASH) (P10846) 30 WASHINGTON ST BARRE, VT 05641	03-6016013	501(C)(3)	975.	21,911.	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
GREEN MTN. CHRISTIAN CENTER 440 MAIN STREET BENNINGTON, VT 05201	03-0285524	501(C)(3)	6,700.	0.			ADDRESSING FOOD INSECURITY
H.O.P.E. 282 BOARDMAN STREET, SUITE 1A MIDDLEBURY, VT 05753	23-7393720	501(C)(3)	11,736.	0.			ADDRESSING FOOD INSECURITY
HARDWICK AREA FOOD PANTRY PO BOX 1075 HARDWICK, VT 05843	36-4540160	501(C)(3)	59,163.	0.			ADDRESSING FOOD INSECURITY
HEART FULL KITCHEN PO BOX 114 MONTGOMERY, VT 05470	99-4783297	501(C)(3)	6,188.	0.			ADDRESSING FOOD INSECURITY
HEAVENLY FOOD PANTRY 1 CHURCH STREET ESSEX JUNCTION, VT 05452	03-0212216	501(C)(3)	5,357.	0.			ADDRESSING FOOD INSECURITY
HINESBURG COMMUNITY RESOURCE CENTER - P.O. BOX 444 - HINESBURG, VT 05461	22-3051349	501(C)(3)	6,038.	0.			ADDRESSING FOOD INSECURITY
HIS PANTRY 238 MAIN STREET BENNINGTON, VT 05201	53-0196617	501(C)(3)	11,431.	0.			ADDRESSING FOOD INSECURITY
HOLLAND FOOD SHELF (AHA ABENAKI HELPING ABENAKI) - 1031 WHITTIER ROAD - DERBY LINE, VT 05830	84-1704125	501(C)(3)	11,852.	0.			ADDRESSING FOOD INSECURITY
HOPE NEK 136 CHURCH STREET LYNDONVILLE, VT 05851	27-0226630	501(C)(3)	9,722.	0.			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
HUNGER FREE VERMONT 38 EASTWOOD DRIVE, SUITE 100 SO. BURLINGTON, VT 05403	03-0336357	501(C)(3)	20,000.	0.			ADDRESSING FOOD INSECURITY
JANET S. MUNT FAMILY ROOM 20 ALLEN ST. BURLINGTON, VT 05401	81-5449524	501(C)(3)	51,192.	0.			ADDRESSING FOOD INSECURITY
JAY AREA FOOD SHELF 1552 NORTH HILL ROAD WESTFIELD, VT 05874	30-0559725	501(C)(3)	8,631.	0.			ADDRESSING FOOD INSECURITY
JERICHO UNDERHILL ECUMENICAL MINISTRY - PO BOX 65 - JERICHO, VT 05465	22-2642743	501(C)(3)	6,255.	0.			ADDRESSING FOOD INSECURITY
JOHNSON FOOD SHELF 1029 CODDING HOLLOW ROAD, P.O. BOX JOHNSON, VT 05656	03-0339124	501(C)(3)	10,530.	0.			ADDRESSING FOOD INSECURITY
JOSHUAS HOUSE (THE JOSHUA PALLOTTA FUND INC) - PO BOX 542 - COLCHESTER, VT 05446	81-2693903	501(C)(3)	5,495.	0.			ADDRESSING FOOD INSECURITY
JUST BASICS 89 MAIN ST SUITE 4A MONTPELIER, VT 05602	27-4184842	501(C)(3)	22,003.	0.			ADDRESSING FOOD INSECURITY
KINGDOM COMMUNITY SERVICES P.O. BOX 735 SAINT JOHNSBURY, VT 05819	03-0189247	501(C)(3)	10,977.	0.			ADDRESSING FOOD INSECURITY
KITCHEN CUPBOARD P.O. BOX 702 BENNINGTON, VT 05201	03-0369844	501(C)(3)	38,408.	0.			ADDRESSING FOOD INSECURITY

**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
LAMOILLE COMMUNITY FOOD SHARE P.O. BOX 173 MORRISVILLE, VT 05661-0173	03-6068173	501(C)(3)	15,545.	0.			ADDRESSING FOOD INSECURITY
LOAVES AND FISHES 193 MAIN STREET BRATTLEBORO, VT 05301	03-0181249	501(C)(3)	8,771.	0.			ADDRESSING FOOD INSECURITY
MAD RIVER VALLEY COMMUNITY PANTRY PO BOX 342 WAITSFIELD, VT 05673	03-0261729	501(C)(3)	6,054.	0.			ADDRESSING FOOD INSECURITY
MALLETT'S BAY CONGREGATIONAL CHURCH P.O. BOX 157 COLCHESTER, VT 05446	03-0179604	501(C)(3)	9,567.	0.			ADDRESSING FOOD INSECURITY
MANCHESTER COMMUNITY CUPBOARD PO BOX 864 MANCHESTER CENTER, VT 05255	03-0335781	501(C)(3)	5,661.	0.			ADDRESSING FOOD INSECURITY
MAQUAM BAY OF MISSISQUOI INC 100 GRAND AVE. SWANTON, VT 05488	47-3962858	501(C)(3)	10,269.	0.			ADDRESSING FOOD INSECURITY
MILTON FAMILY COMMUNITY CENTER P.O. BOX 619 MILTON, VT 05468-0619	03-0309155	501(C)(3)	7,880.	0.			ADDRESSING FOOD INSECURITY
MT. ASCUTNEY HOSPITAL 1 RAILROAD A JERICHO, VT 05465	40-0705075	501(C)(3)	500.	456,049.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
NEIGHBORS HELPING NEIGHBORS 1222 MAIN STREET SAINT JOHNSBURY, VT 05819	03-0301520	501(C)(3)	8,691.	0.			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
NEIGHBORS IN ACTION P.O. BOX 157 CABOT, VT 05647	20-8406050	501(C)(3)	11,508.	0.			ADDRESSING FOOD INSECURITY
NEIGHBORS IN ACTION/NEK P.O. BOX 515 LYNDONVILLE, VT 05851	20-8406050	501(C)(3)	6,475.	0.			ADDRESSING FOOD INSECURITY
NEKCA ISLAND POND PO BOX 346 NEWPORT, VT 05855	03-0276709	501(C)(3)	6,205.	0.			ADDRESSING FOOD INSECURITY
NEKCA NEWPORT PO BOX 346 NEWPORT, VT 05855	03-0276709	501(C)(3)	9,980.	0.			ADDRESSING FOOD INSECURITY
NEKCA ST. JOHNSBURY PO BOX 346 NEWPORT, VT 05855	03-0276709	501(C)(3)	8,181.	0.			ADDRESSING FOOD INSECURITY
NORTHWEST FAMILY FOODS/CVOEO 5 LEMNAH DRIVE SUITE 5 SAINT ALBANS, VT 05478	03-0216837	501(C)(3)	20,884.	0.			ADDRESSING FOOD INSECURITY
ONION RIVER FOOD SHELF 1595 CENTER ROAD MONTPELIER, VT 05602	03-0358702	501(C)(3)	7,392.	0.			ADDRESSING FOOD INSECURITY
ORANGE COUNTY PARENT CHILD CENTER 693 VT ROUTE 110 TUNBRIDGE, VT 05077	03-0241750	501(C)(3)	9,379.	0.			ADDRESSING FOOD INSECURITY
PRAISE CHAPEL CHRISTIAN OUTRCH P.O. BOX 620 HARTFORD, VT 05047-0620	03-0336941	501(C)(3)	5,385.	0.			ADDRESSING FOOD INSECURITY

**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
PUTNEY FOODSHELF INCORPORATED P.O. BOX 337 PUTNEY, VT 05346	46-2262086	501(C)(3)	38,934.	0.			ADDRESSING FOOD INSECURITY
QUARRY HILL APTS (SASH) (P10875) 30 WASHINGTON ST BARRE, VT 05641		501(C)(3)	700.	27,081.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
QUIN-TOWN SENIOR CENTER P.O. BOX 113 HANCOCK, VT 05748-0113	03-0230076	501(C)(3)	6,387.	0.			ADDRESSING FOOD INSECURITY
RANDOLPH AREA FOOD SHELF 12 PRINCE STREET UNIT 3 RANDOLPH, VT 05060	03-0324429	501(C)(3)	10,666.	0.			ADDRESSING FOOD INSECURITY
READING-WEST WINDSOR FOOD SHELF P.O. BOX 384 BROWNSVILLE, VT 05037	36-2167731	501(C)(3)	5,536.	0.			ADDRESSING FOOD INSECURITY
RICHMOND FOOD SHELF AND THRIFT STORE INC - P.O. BOX 174 - RICHMOND, VT 05477	26-4758235	501(C)(3)	19,958.	0.			ADDRESSING FOOD INSECURITY
RURALEGE (MOUNTAIN VIEW APT. (SASH)) - 94 MAIN ST - ISLAND POND, VT 05846	03-0301520	501(C)(3)	0.	152,931.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
RUTLAND COMMUNITY CUPBOARD 65 RIVER STREET RUTLAND, VT 05701	03-0353493	501(C)(3)	8,726.	0.			ADDRESSING FOOD INSECURITY
RUTLAND COUNTY PARENT CHILD CENTER 61 PLEASANT STREET RUTLAND, VT 05701	03-0348978	501(C)(3)	7,417.	0.			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 SALVATION ARMY PO BOX 218 RUTLAND, VT 05701	36-3805307	501(C)(3)	7,782.	0.			ADDRESSING FOOD INSECURITY
RUTLAND UNITED METHODIST CHURCH 60 STRONGS AVE. RUTLAND, VT 05701	03-6000174	501(C)(3)	7,000.	0.			ADDRESSING FOOD INSECURITY
SAINT AMBROSE PARISH CHARITABLE TRUST HAVE A HEART FOOD SHELFB - 11 SCHOOL STREET - BRISTOL, VT 05443	03-0259217	501(C)(3)	9,578.	0.			ADDRESSING FOOD INSECURITY
SASH - RURAL EDGE 1222 MAIN ST. SAINT JOHNSBURY, VT 05819	03-0301520	501(C)(3)	4,770.	35,651.	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)	5,023.	0.			ADDRESSING FOOD INSECURITY
SHARES CORP VT P.O. BOX 1365 LYNDONVILLE, VT 05851	85-3937574	501(C)(3)	7,543.	0.			ADDRESSING FOOD INSECURITY
SHARON FOOD SHELFB 55 VT. ROUTE 132 SHARON, VT 05065	03-6009878	501(C)(3)	5,613.	0.			ADDRESSING FOOD INSECURITY
SHEFFIELD FOOD PANTRY P.O. BOX 36 SHEFFIELD, VT 05866	45-0557832	501(C)(3)	9,005.	0.			ADDRESSING FOOD INSECURITY
SHELBURNE FOOD SHELFB P.O. BOX 763 SHELBURNE, VT 05482	47-5334516	501(C)(3)	7,307.	0.			ADDRESSING FOOD INSECURITY

**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	12-3456789	501(C)(3)	10,000.	0.			ADDRESSING FOOD INSECURITY
SHELDON UNITED METHODIST CHURCH FOOD SHELF - 953 NORTHROP RD - SHELDON, VT 05483		501(C)(3)	11,223.	11,462.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SID'S PANTRY P.O. BOX 345 CONCORD, VT 05824	82-3008765	501(C)(3)	8,204.	0.			ADDRESSING FOOD INSECURITY
SLATE VALLEY CARES 49 MAIN STREET FAIR HAVEN, VT 05743	03-0287987	501(C)(3)	11,907.	0.			ADDRESSING FOOD INSECURITY
SLATE VALLEY SCHOOL VVG 33 MECHANIC STREET FAIR HAVEN, VT 05743	26-4803754	501(C)(3)	1,240.	459,415.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
SOUTH BURLINGTON FOOD SHELF PO BOX 9417 SOUTH BURLINGTON, VT 05403	89-3875131	501(C)(3)	6,537.	0.			ADDRESSING FOOD INSECURITY
SPRINGFIELD FAMILY CENTER PO BOX 20 NORTH SPRINGFIELD, VT 05150	03-0265213	501(C)(3)	5,614.	0.			ADDRESSING FOOD INSECURITY
ST BRIGID'S KITCHEN 47 WALNUT STREET BRATTLEBORO, VT 05301	03-0181252	501(C)(3)	43,760.	0.			ADDRESSING FOOD INSECURITY
SUNRISE FAMILY RESOURCE CENTER 244 UNION STREET BENNINGTON, VT 05201-1517	03-0222789	501(C)(3)	5,200.	61,279.	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
SUSU COMMUNITY FARM 94 RIVER RD APT #3 NEWFANE, VT 05345	87-4165704	501(C)(3)	12,500.	0.			ADDRESSING FOOD INSECURITY
SWANTON COMMUNITY FOOD SHELF 65 CANADA STREET SWANTON, VT 05488	03-0181244	501(C)(3)	7,267.	0.			ADDRESSING FOOD INSECURITY
THE GALLEY/BARRE HOUSING 30 WASHINGTON STREET.SUITE 1 BARRE, VT 05641	03-0276104	501(C)(3)	6,700.	0.			ADDRESSING FOOD INSECURITY
TILDEN HOUSE (SASH) (P10848) 30 WASHINGTON ST, SUITE 1 BARRE, VT 05641		501(C)(3)	560.	35,665.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
TUNBRIDGE CHURCH COMM FS PO BOX 12 TUNBRIDGE, VT 05077	03-0357185	501(C)(3)	291.	0.			ADDRESSING FOOD INSECURITY
TWIN VALLEY SENIORS, INC P.O. BOX 152 EAST MONTPELIER, VT 05651	22-3309872	501(C)(3)	6,022.	0.			ADDRESSING FOOD INSECURITY
UNITED CHURCH OF NEWPORT 63 THIRD STREET NEWPORT, VT 05855	03-6003630	501(C)(3)	5,678.	0.			ADDRESSING FOOD INSECURITY
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001	03-0277908	501(C)(3)	17,564.	0.			ADDRESSING FOOD INSECURITY
UPPER VALLEY HAVEN 2 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001	03-0277908	501(C)(3)	25,000.	0.			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
VERGENNES COMMUNITY FOOD SHELF 30 SOUTH WATER STREET VERGENNES, VT 05491	03-0261193	501(C)(3)	6,714.	0.			ADDRESSING FOOD INSECURITY
VERNON ADVENT CHRISTIAN CHURCH-BREAD OF LIFE FOOD - 4554 FORT BRIDGMAN RD. - VERNON, VT 05354	03-6007241	501(C)(3)	5,828.	0.			ADDRESSING FOOD INSECURITY
VVG - ACADEMY SCHOOL 860 WESTERN AVE BRATTLEBORO, VT 05301		501(C)(3)	560.	291,730.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
VVG - BRATTLEBORO RETREAT 22 ANNA MARSH LANE BRATTLEBORO, VT 05301	03-0300643	501(C)(3)	340.	437,680.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
VVG - PORTER MEDICAL CENTER 82 CATAMOUNT PARK MIDDLEBURY, VT 05753	03-0310862	501(C)(3)	750.	329,956.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WASHINGTON APARTMENTS (SASH) (P10849) - 30 WASHINGTON ST - BARRE, VT 05641		501(C)(3)	520.	31,657.	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)	15,954.	0.			ADDRESSING FOOD INSECURITY
WEBSTERVILLE BAPTIST CHURCH P.O. BOX 1 WEBSTERVILLE, VT 05678-0001	03-0224387	501(C)(3)	5,230.	0.			ADDRESSING FOOD INSECURITY
WHITE RIVER COUNCIL ON AGING 262 NORTH MAIN STREET WHITE RIVER JCT, VT 05001	03-0261891	501(C)(3)	13,500.	0.			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)	10,003.	0.			ADDRESSING FOOD INSECURITY
WINDHAM AND WINDSOR HOUSING TRUST (SASH) - 7 UNION ST - WINDSOR, VT 05089	22-2878487	501(C)(3)	1,215.	9,367.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WINDSOR COMMUNITY FOOD SHELF P.O. BOX 46 WINDSOR, VT 05089-0046	03-0181249	501(C)(3)	8,177.	0.			ADDRESSING FOOD INSECURITY
WINOOSKI FOOD SHELF P.O. BOX 53 WINOOSKI, VT 05404	03-6006998	501(C)(3)	7,908.	0.			ADDRESSING FOOD INSECURITY
WINOOSKI SCHOOL DISTRICT 80 NORMAND STREET WINOOSKI, VT WINOOSKI, VT 05404	03-6000783	501(C)(3)	3,910.	415,042.	FEEDING AMERICA VALUATION	DONATED FOOD	ADDRESSING FOOD INSECURITY
WOODSTOCK COMMUNITY FOOD SHELF P.O. BOX 570 WOODSTOCK, VT 05091	30-0478586	501(C)(3)	5,670.	0.			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	100000	0.	3,430,098.	FEEDING AMERICA VALUATION	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)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

VERMONT FOODBANK

Employer identification number

22-3021942

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<input checked="" type="checkbox"/>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>5b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>6b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<input checked="" type="checkbox"/>
<b>8</b> 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 .....	<b>8</b>	<input checked="" type="checkbox"/>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**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)	178,578.	0.	0.	5,340.	39,715.	223,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONICA URQUHART CHIEF EQUITY PEOPLE/CULTURE OFFICER	(i)	126,989.	0.	0.	3,605.	36,072.	166,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JASON MARING CHIEF OPERATIONS OFFICER	(i)	122,348.	0.	0.	3,916.	36,308.	162,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRIS MEEHAN CHIEF COMMUNITY IMPACT OFFICER	(i)	117,594.	0.	0.	3,927.	36,880.	158,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HILLARY ORSINI CHIEF OF STAFF	(i)	123,522.	0.	0.	3,819.	25,557.	152,898.	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)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://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	11210265	21,959,499.	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** **0**

30a During the year, did the organization receive by contribution any property reported on 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? .....  
 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? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

**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, 2024).

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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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:**

PURCHASING FRESH PRODUCE FROM LOCAL, SMALL-SCALE FARMS).

THE FOODBANK ALSO WORKED WITH 77 PARTNERS, HOUSING SITES, HOSPITALS, AND SCHOOLS TO HOST A TOTAL OF 760 FRESH FOOD DISTRIBUTION EVENTS ACROSS ALL VERMONT COUNTIES, DISTRIBUTING FRESH FOODS TO AN AVERAGE OF MORE THAN 10,000 HOUSEHOLDS A MONTH. THE VERMONT FOODBANK CONTINUES TO SEE INCREASES IN EXPENSES OVER PRE-PANDEMIC BUDGETS, AT THE SAME TIME THAT FEDERAL FOOD AND FUNDS ARE BEING CUT AND POLICY CHANGES ARE MAKING IT HARDER FOR PEOPLE TO MEET BASIC NEEDS, INCREASING THE NEED FOR CHARITABLE FOOD. VERMONT FOODBANK HAS RELIED ON RESERVES TO CONTINUE TO MEET THIS INCREASED LEVEL OF NEED. REVENUE IN FISCAL YEAR 2025 MET PROJECTIONS, MAINLY THROUGH PRIVATE PHILANTHROPY, AND A \$1M 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 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 PANDEMIC, AND ALSO HIGHER THAN AT ANY POINT IN 2020 OR 2021, DURING THE HEIGHT OF THE PANDEMIC IMPACTS. FEDERAL POLICY CHANGES ARE INCREASING FOOD AND ECONOMIC INSECURITY, AND DATA TO MEASURE THE IMPACTS OF THESE CHANGES MAY NOT BE AVAILABLE BY THE FEDERAL GOVERNMENT IN THE FUTURE. THE LEVEL OF NEED IS BEYOND WHAT OUR NETWORK OF COMMUNITY ORGANIZATIONS WAS BUILT TO ADDRESS. 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 REMAINS STRONG, BUT THE RESOURCES NEEDED TO SUSTAIN INCREASED LEVELS OF OPERATIONS ARE OUTPACING FINANCIAL RESOURCES AND FEDERAL CUTS ARE IMPACTING BOTH RESOURCES TO VERMONT FOODBANK AND ITS PARTNERS AS WELL AS INCREASING FOOD INSECURITY FOR PEOPLE IN VERMONT. VERMONT FOODBANK IS ADVOCATING ALONGSIDE PARTNERS FOR INCREASED STATE SUPPORT TO HELP CLOSE THIS GAP.

**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

Name of the organization VERMONT FOODBANK	Employer identification number 22-3021942
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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 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](http://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](http://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**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>VERMONT FOODBANK</b>	Taxpayer identification number (TIN) <b>22-3021942</b>
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. <b>33 PARKER ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BARRE, VT 05641</b>	

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	Form 990-T (governmental entities)	15

• 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 **26**, 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 **24**, and ending **SEP 30**, 20 **25**

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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