	000
Form	330

# **PUBLIC INSPECTION**

### **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. . . . . . 15 ------. . . . . . . . . . . .

2018 **Open to Public** 

OMB No. 1545-0047

Inter	mai Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection						
Α	For the	e 2018 cale	ndar year, or tax year beginning Oct 1 , 2018, and endi	ng Se	ep 30	<b>,20</b> 19						
В	Check if	f applicable:	C Name of organization Stark Mountain Foundation, Inc.		D Employ	er identification number						
	Address	s change	Doing business as		03-03	369897						
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number						
	Initial re	eturn	P.O. Box 1221		(802	)583-3536						
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return	Waitsfield, VT 05673		G Gross re	eceipts\$ 2,088,969.						
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a g	group return for	subordinates? 🗌 Yes 🔀 No						
			James Elkind, P.O. Box 1221, Waitsfield, VT 056	73 H(b) Are all	subordinate	s included? 🗌 Yes 🗌 No						
<u> </u>	Tax-exe	empt status:	X 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527	lf "N	lo," attach a	a list. (see instructions)						
J	Website		ww.starkmountain.org	H(c) Group	exemption	number 🕨						
1		organization:	X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma	ation: 200	0 M State	of legal domicile: VT						
Ρ	art I	Summ	·									
	1		escribe the organization's mission or most significant activities: $TO_{TO}$	reserve	and pr	otect						
Ce		the en	vironment of Stark Mountain.									
Activities & Governance												
ver	2		is box $\blacktriangleright$ if the organization discontinued its operations or disposed			its net assets.						
ŝ	3											
ര്	4	. 4	7									
itie	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)			0						
tiv	6			6	7							
Ă	7a		elated business revenue from Part VIII, column (C), line 12		. 7a	0.						
	b	Net unrel	ated business taxable income from Form 990-T, line 38		. 7b	0.						
				Prior Y	ear	Current Year						
Pe	8		tions and grants (Part VIII, line 1h)	1,10	0,864.	1,829,075.						
Revenue	9	•	service revenue (Part VIII, line 2g)									
Sev	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		688.	14,430.						
_	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,634.	1,187.						
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,186.	1,844,692.						
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	67	8,403.	435,364.						
	14		paid to or for members (Part IX, column (A), line 4)			0.						
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			0.						
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			0.						
ц.	b		draising expenses (Part IX, column (D), line 25) ► 22,138.	-								
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,146.	47,982.						
	18	-	benses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		6,549.	483,346.						
	19	Revenue	less expenses. Subtract line 18 from line 12		8,637.	1,361,346.						
Net Assets or Fund Balances		<b>-</b>		Beginning of C		End of Year						
sset	20		ets (Part X, line 16)	85	7,937.	2,217,519.						
let A ind E	21		ilities (Part X, line 26)		0.	0.						
			ts or fund balances. Subtract line 21 from line 20	85	7,937.	2,217,519.						
P	art II	Signat	ture Block									

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

				05/04/2020						
Sign	Signature of officer		I	Date						
Here	James Elkind, Treasurer									
	Type or print name and title									
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN					
Preparer	William S. Huckabay, CPA			P00154308						
Use Only	Firm's name 🕨 Tapia & Huckaba	F	Firm's EIN ► 47-1371818							
	Firm's address ► P.O. Box 38, Ve	P	Phone no. (802)870-7086							
May the IRS	May the IRS discuss this return with the preparer shown above? (see instructions)									
For Doporturo	rk Reduction Act Nation and the concret	a instructions DAA		2	Earm 990 (2018)					

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	0 (2018)	Page <b>2</b>
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	To preserve and protect the environment of Stark Mountain.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 437,464. including grants of \$ 435,364. ) (Revenue \$)	
	The Organization engaged in numerous projects that preserve and protect the environment of and foster outdoor recreation on General Stark Mountain.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses     437,464.	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		×
D	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00 -	If "Yes," complete Schedule G, Part III	19		×
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A). line 1? #=://ese//jeenplete Schedule I. Parts I and II	21	×	

Form 990 (2018)

Form **990** (2018)

Form 99			F	-age <b>4</b>
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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>	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00		×
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
с 29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29	×	×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
31	conservation contributions? If "Yes," complete Schedule M	30 31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
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
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable11Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10Ib0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	, <b>990</b>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×						
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	00								
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a		×						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		×						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	•								
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
D	against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand         .          .									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		L						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		×						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×						
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2018)

Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	lee ins	tructi	ions.
Secti	on A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b> 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b		×
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? <i>If "Yes," provide the names and addresses in Schedule O</i> .	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	100		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	× ×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120	 X	
13	Did the organization have a written whistleblower policy?	13	^	×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Solve Another's website Upon request Other ( <i>explain in Schedule O</i> )	·		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.		-	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Hall & Holden, PC, 705 Mill Brook Road, Waitsfield, VT 05673 (802)496-3140	cords		

Form 990 (2018)

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A)	(B)	(do n	Position (do not check more than one			no	(D)	(E)	(F)	
Name and Title	Average	box,	unles	s pe	erson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		-	d a director/trustee)				compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Brandi Myers	1.00									
President		×		×				0.	0.	0.
(2) Deborah Lesure	2.00									
Vice President		×		×				0.	0.	0.
<b>(3)</b> George Gonnella	2.00									
Secretary		×		×				0.	0.	0.
(4) James Elkind	10.00									
Treasurer		×		×				0.	0.	0.
(5) Amory Hunnewell Julian	4.00									
Director		×						0.	0.	0.
(6) Penelope Parson Director	2.00	×						0.	0.	0.
(7) Sarah Dillard	2.00									
Director		×						0.	0.	0.
(8)	+	-								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)					-					
										Earm <b>990</b> (2018)

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### PUBLIC INSPECTION COPY Page 8

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees		nd F C)	lighes	st C	ompensated E	mployees (c	ontinue	d)		
		Desition											-	
	(A) Name and title	(B)			neck	more	e than o		<b>D</b> 111	(E) Reportable			(F) imated	
	Name and the	Average hours per					is both or/trust		compensation	compensation			ount of	
		week (list any		1				<u> </u>	from	related			ther	
		hours for related	, dire	stitu	Officer	ey e	nplc	Former	the organization	organizatior (W-2/1099-MI			ensatio m the	n
		organizations		Ition	Ť	Key employee	st co	4	(W-2/1099-MISC)		,		nizatior	
		below dotted line)	r trus	al tr		oye	duc						related nization	
			stee	Institutional trustee			Highest compensated employee					o.gu.	Lation	0
				) Å			ated							
(15)														
(16)														
(17)														
			-											
(18)			-											
(19)														
(20)														
(21)						-								
(22)														
(23)														
(24)														
(25)														
1b	Sub-total								0.		0.			0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	• •	•		0.		0.			0.
2	Total number of individuals (including but	t not limited						e) w		ore than \$10		of		
	reportable compensation from the organ	ization <b>&gt;</b>					0						N	N -
•													Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete							-	Noyee, or high	-	isated	3		×
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater that	an \$1	150,	000	)? li	f "Ye	s,"	complete Sch	edule J for	such			
_			· ·	•		 ,	•		 			4		×
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi		5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rep year.													ax
	(A) Name and business add	Irace							(B) Description of s	envices	C	(C)	ation	
												Suberg		

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

Form 990 (2018)

### **PUBLIC INSPECTION COPY** Page 9

Part	: VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check in Schedule C	Contains	ares	porise of hote t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues .		1a 1b	0.	-	Tevende		012 014				
Am G	С	Fundraising events .		1c	0.								
Gifl İlar	d	Related organizations		1d	0.								
ns, Sim	e	Government grants (con		1e	0.								
utio Ier (	f	All other contributions, g and similar amounts not inc			1 000 075								
QT p	~			1f	1,829,075.	-							
ont nd	g h	Noncash contributions includ <b>Total.</b> Add lines 1a–1			244,225.	1,829,075.							
		Total. Add lines Ta-T	1		Business Code	1,029,075.							
Program Service Revenue	2a												
Rev	b												
ice	c												
Serv.	d												
Ē	е												
ogra	f	All other program ser	vice revenu	ie.									
Pre	g	Total. Add lines 2a-2											
	3	Investment income											
		and other similar amo	,			14,844.	0.	0.	14,844.				
	4	Income from investmen		•	•								
	5	Royalties											
	•	<b>a</b>	(i) Real		(ii) Personal	-							
	6a	Gross rents				-							
	b	Less: rental expenses Rental income or (loss)				-							
	c d	Net rental income or (	(loss)		►								
	7a	Gross amount from sales of	(i) Securiti		(ii) Other								
	10	assets other than inventory	243,8	11		-							
	b	Less: cost or other basis											
		and sales expenses .	244,2	25.									
	с	Gain or (loss) .		14.									
	d	Net gain or (loss) .			🕨	-414.	0.	0.	-414.				
enue	8a	Gross income from fu events (not including \$	•										
Other Revenue		of contributions reporte See Part IV, line 18	ed on line 1	c).	1,239.								
Gth	b	Less: direct expenses	s	. b									
•		Net income or (loss) f			events . 🕨	1,187.		0.	1,187.				
		Gross income from ga See Part IV, line 19 .		a									
		Less: direct expenses											
		Net income or (loss) f		-	vities 🕨								
	10a	Gross sales of in returns and allowance											
	Ь					-							
		Less: cost of goods s Net income or (loss) f											
	U	Miscellaneous R			Business Code								
	11a				Dusiness Code								
	b												
	c												
	d	All other revenue .											
	-	Total. Add lines 11a-											
		Total revenue. See in				1.844.692	0	0	15,617				

#### Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV. line 21 . . 435,364 435,364. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 0. 0. Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . 0. 0. 4 Benefits paid to or for members . . . . 0. 0. 5 Compensation of current officers, directors, trustees, and key employees . . . . . 0. 0. 0. Ο. Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0. 0. 0. 0. 7 Other salaries and wages . . . . . . 0. 0.\_ 0. 0. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0. 0. 0. 0. Other employee benefits . . . . . . . 9 0. 0. 0. 0. 10 Payroll taxes . . . . . . . . . . . 0. 0. 0. 0. 11 Fees for services (non-employees): Management . . . . . . . . . 0. 0. 0. 0. а 0. Legal . . . . . . . . . . . . . 2,209 0. 2,209. b С Accounting . . . . . . . . . . . 20,435. 0. 20,435. 0. d Lobbying . . . . . . . . . . 0. 0. 0. 0. Professional fundraising services. See Part IV, line 17 0. 0. е Investment management fees . . . . . f 0. 0. 0. 0. Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 2,100. 0. Ο. 2,100. 12 Advertising and promotion . . . . 3,760. 0 851. 2,909. 13 240. 0. 175. 65. Office expenses . . . . . . . 14 6,322. 74. 6,248. Information technology . . . . . 0. 0. 0. Ο. 15 Royalties . . . . . . . . . 0. Occupancy . . . . . . . . . . . 0. 16 0. 0. 0. Travel . . . . . . . . . . . . . 0. 0. 17 0. Ο. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 0. 0. Ο. 0. 19 Conferences, conventions, and meetings . 5,651 0. 5,651. 0. 20 Interest . . . . . . . . . . . . 0. 0. Ο. 0. 21 Payments to affiliates . . . . 0. 0. 0. 0. 0. 0. Ο. 22 Depreciation, depletion, and amortization . 23 566. 0. 0. 566. Insurance . . . . . . . . . . . . . Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Merchant fees 6,699 0. 0. 6,699. а b С \_\_\_\_\_ d All other expenses е Total functional expenses. Add lines 1 through 24e 25 483,346. 437,464. 23,744. 22,138. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Figure if following SOP 98-2 (ASC 958-720)

P	art X	Balance Sheet			· -
		Check if Schedule O contains a response or note to any line in this Pa	rtX		🗌
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	525,521.	1	78,975.
	2	Savings and temporary cash investments	1,000.	2	1,803,767
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	b	other basis. Complete Part VI of Schedule D     10a       Less: accumulated depreciation     10b		10c	
	11			11	
	12	Investments – publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	331,416.	15	334,777.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	857,937.	16	2,217,519.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ŝ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
lide		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
es		Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3ali	28	Temporarily restricted net assets		28	
dE	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► 🗵 and complete lines 30 through 34.			
S C	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	857,937.	32	2,217,519.
Vet	33	Total net assets or fund balances	857,937.	33	2,217,519.
-	34	Total liabilities and net assets/fund balances	857,937.	34	2,217,519.
					Form <b>990</b> (201

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Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       Image: Control (Control (Contro) (Control (Control (Control (Control (Con	Form 99	00 (2018)			P	age <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 844, 692.         2       Total expenses (must equal Part IX, column (A), line 25)       2       483, 346.         3       1, 361, 346.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       857, 937.         5       Net unrealized gains (losses) on investments       5       5         6       7       7         7       8       Prior period adjustments       6         7       8       9       -1, 764.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -1, 764.         10       2, 217, 519.       9       -1, 764.         9       Check if Schedule O contains a response or note to any line in this Part XII       10       2, 217, 519.         9       Part XIII       Financial Statements and Reporting       2       2       2       2         1       Accounting method used to prepare the Form 990: © Cash   Accrual   Other         1       2       2       X         1       fi "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:       2       2       X	Part					
2       Total expenses (must equal Part IX, column (A), line 25)       2       483,346.         3       Revenue less expenses. Subtract line 2 from line 1       3       1,361,346.         3       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       857,937.         5       Net unrealized gains (losses) on investments       6       7         6       7       6         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -1,764.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       2,217,519.         Part XII       Financial Statements and Reporting       10       2,217,519.         7       10       Accounting method used to prepare the Form 990: Ex Cash   Accrual   Other         10       2,217,519.         14       Accounting financial statements compiled or reviewed by an independent accountart?						. 🗙
3       Revenue less expenses. Subtract line 2 from line 1       3       1,361,346.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       857,937.         5       Donated services and use of facilities       5       6         7       7       8         8       9       Other changes in net assets or fund balances (explain in Schedule O)       7         10       2,217,519.         9       -1,764.         10       2,217,519.         PertXUI       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other         1       ft every, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Dother       Yes         1       Mere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       Mere the organization's financial statements and the pendent accountant?       2b       X         1       Mere the organization's financial statements and ted basis, or both:       Separate basis       Consolidated basis, or both:       2b       X	1		-			
<ul> <li>4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</li></ul>	2					
5       Net unrealized gains (losses) on investments       5       6         6       6       6         7       8       6         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -1,764.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       2,217,519.         Part XII       Financial Statements and Reporting       10       2,217,519.         Part XII       Financial Statements and Reporting       10       2,217,519.         Part XII       Financial Statements and Reporting       10       2,217,519.         Part XII       Financial statements compiled or reviewed by an independent accountant?       11       Yes         1       Accounting method used to prepare the Form 990: X Cash	3		-	1,1	361,3	346.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -1,764.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       9       -1,764.         10       2,217,519.       Part XII       Financial Statements and Reporting       10       2,217,519.         Check if Schedule O contains a response or note to any line in this Part XII       10       2,217,519.       Yes       No         1       Accounting method used to prepare the Form 990: 🖾 Cash       Accrual       Other       Yes       No         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       ft "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. or both:       2b       x         1       Separate basis       Consolidated basis. or both       2b       x         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, conso	4				357,	937.
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain in Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10   2, 217, 519. 2, 217, 519.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?			-			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       -1,764.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       9       -1,764.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       2,217,519.         Part XII       Financial Statements and Reporting       10       2,217,519.         Check if Schedule O contains a response or note to any line in this Part XII       10       2,217,519.         1       Accounting method used to prepare the Form 990: [X] Cash       Accrual       Other	6		6			
<ul> <li>9 Other changes in net assets or fund balances (explain in Schedule O)</li> <li>10 Part XII</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990: X Cash Accrual Other</li> <li>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>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:</li> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization s financial statements and the basis Both consolidated and separate basis</li> <li>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?</li> <li><b>2a</b> X</li> <li><b>2b</b> X</li> <li><b>2b</b> X</li> <li><b>2c</b></li> <li><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> </ul>	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       2, 217, 519.         Part XII       Financial Statements and Reporting	8		8			
<ul> <li>33, column (B)</li> <li>2, 217, 519.</li> <li>Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements audited basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b x If "Yes," check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis C 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 C 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</li></ul>	9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,	764.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990: X Cash Accrual Other       Ves         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         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, or both:       2b         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:       2b         Separate basis       Consolidated basis       Both consolidated and separate basis       2b         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?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII       Image: Second Stress Stres		<u>33, column (B))</u>	10	2,2	217,	519.
1       Accounting method used to prepare the Form 990: X Cash Accrual Other       Yes       No         1       Accounting method used to prepare the Form 990: Accrual Other       Other       Image: Comparization Changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2a       X         Separate basis       Consolidated basis (Consolidated basis, or both:       2b       X         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:       2b       X         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?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits?       3b       3b       3b       3b	Part					
1       Accounting method used to prepare the Form 990: X Cash Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII			_	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
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	1			_		
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       ×         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:       2b       ×         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       ×         b       Were the organization's financial statements audited by an independent accountant?       2b       ×         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:       2b       ×         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       ×         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:       2b       ×         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       ×         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?       2c       2c         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			plain	in		
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:       Image: Consolidated basis is is is in the separate basis is is is is is in the single Audit Act and OMB Circular A-133?       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       Image: Consolidated basis is is is is is in the single Audit Act and OMB Circular A-133?       Both consolidated and separate basis       2b       X         c       If "Yes," the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b						
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated</li></ul>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×
<ul> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> </ul>			piled	or		
b       Were the organization's financial statements audited by an independent accountant?       2b       ×         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:       Both consolidated and separate basis       b       Image: Consolidated basis, or both:         Separate basis       Consolidated basis       Both consolidated and separate basis       Consolidated basis <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>						
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:       Image: Consolid						
<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> </ul>	b	Were the organization's financial statements audited by an independent accountant?		. 2b		×
<ul> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>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 in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>Max and Comparization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a		
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?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       ×         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b						
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b		Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?.       Image: Comparization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       Image: State organization did not undergo the required audit or audits.	с					
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 Single Audit Act and OMB Circular A-133?       3a       ×         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b       3b		of the audit, review, or compilation of its financial statements and selection of an independent acco	untant	? 2c		
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       ×         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b       3b			kplain	in		
the Single Audit Act and OMB Circular A-133?       3a       ×         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3a       ×		Schedule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		0				×
	b					
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

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Form **990** (2018)

### **PUBLIC INSPECTION C** OMB No. 1545-0047

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Department of the Treasury Internal Revenue Service

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



(E) Total

Name	of the organization					Employer identification	number		
Stai	rk Mountain Foundation,	Inc.				03-0369897			
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
The c	organization is not a private found	ation because it i	s: (For lines 1 through	12, chec	ck only or	ne box.)			
1	A church, convention of church	ches, or associati	on of churches descri	bed in <b>se</b>	ection 17	0(b)(1)(A)(i).			
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative ho	spital service or	anization described in	n <b>sectior</b>	n 170(b)(1	)(A)(iii).			
4	A medical research organizati	on operated in co	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	iii). Enter the		
	hospital's name, city, and stat	te:							
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in		
6	A federal, state, or local gover	mment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).			
7	X An organization that normally described in section 170(b)(1			port from	n a goveri	nmental unit or from	the general public		
8	A community trust described	in <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)					
9	An agricultural research orgar or university or a non-land-gra university:								
10	An organization that normally receipts from activities related support from gross investmer acquired by the organization a	to its exempt function to the termination of terminat	nctions—subject to co related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that action 511 tax) from	n 331/3% of its		
11	An organization organized and	d operated exclus	sively to test for public	safety.	See <b>sect</b> i	on 509(a)(4).			
12	An organization organized and	d operated exclus	ively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes		
	of one or more publicly supp Check the box in lines 12a thre								
а	<b>Type I.</b> A supporting organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	jority of t				
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same					
С	Type III functionally integrits supported organization						ally integrated with,		
d	Type III non-functionally that is not functionally inter requirement (see instructionally)	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an			
e	Check this box if the orgation functionally integrated, or						e II, Type III		
f	Enter the number of supported	• •							
g	Provide the following informatic	-							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									

Schedule A (Form 990 or 990-EZ) 2018

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 II

	•												
Part III.	If the	orgar	nization <sup>-</sup>	fails to	qualify	under the	e tests	listed	below,	please	complete	Part III	.)

Secti	on A. Public Support			· •	•	,	
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	130,861.	612,588.	570.467.	1.100.864.	1.829.075.	4,243,855.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	100,0011	012,000.	57071071	1,100,0011	1,029,0101	1,215,0551
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	130,861.	612,588.	570,467.	1,100,864.	1,829,075.	4,243,855.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						451.256
6	Public support. Subtract line 5 from line 4						451,356. 3,792,499.
	on B. Total Support						3,792,499.
	dar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	130,861.	612,588.		1,100,864.		4,243,855.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9.	0.	0.	34.	14,844.	14,887.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,258,742.
12	Gross receipts from related activities, etc.					12	9,025.
13	First five years. If the Form 990 is for the	•					
Casti	organization, check this box and <b>stop he</b>						🕨 📘
	on C. Computation of Public Suppor			1 oolumon (f))		14	89.05%
14 15	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch		-			14 15	80.3%
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % support test–2018. If the organi					-	
	box and <b>stop here.</b> The organization qua						
b	<b>331</b> /3% <b>support test—2017.</b> If the organi this box and <b>stop here.</b> The organization						nore, check
17a	<b>10%-facts-and-circumstances test—2018.</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						
b	<b>10%-facts-and-circumstances test</b> — <b>26</b> 15 is 10% or more, and if the organizat Explain in Part VI how the organization in supported organization	tion meets th neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizati	this box and on qualifies as	stop here.
18	Private foundation. If the organization di						
	instructions						►

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
c							
6 70	<b>Total.</b> Add lines 1 through 5						
7a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support			1			
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	ne organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a sec	ction 501(c)(3)
	organization, check this box and stop he	re					🏲 🗖
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2018 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2017 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (	line 10c, colur	nn (f), divided b	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2017			-		18	%
19a	33 <sup>1</sup> / <sub>3</sub> % support tests-2018. If the organ					-	
	17 is not more than $33^{1/3}$ %, check this box						
b	33 <sup>1</sup> /3% support tests – 2017. If the organiz	-	-	-		-	
~	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20	<b>Private foundation.</b> If the organization di	-	-	-			
				,,,			

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

#### Supporting Organizations (continued) Part IV

Schedule A (Form 990 or 990-EZ) 2018

#### 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b

**b** A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations

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

#### Section C. Type II Supporting Organizations

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

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), 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>	3		

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Yes No

Yes No

11c

1

Yes No 1

Vee Ne

2

Yes No

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	0		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (F	Form 990 or 990-EZ) 2018	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secti B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Secti lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Part ion a, 2b,

Schedule B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal	Revenue	Service	
	6.11		

#### **PUBLIC INSPECTION** OMB No. 1545-00

### Schedule of Contributors

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



Name of the organization	Employer identification number
Stark Mountain Foundation, Inc.	03-0369897
Organization type (check and)	

#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	✗ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Part I

Stark Mountain Foundation, Inc.

Employer identification number 03-0369897

(d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person × 1 Fidelity Charitable Gift Fund Payroll  $\square$ \$\_\_\_\_\_ Noncash P.O. Box 770001 789,386. -----(Complete Part II for noncash contributions.) Cincinnati OH 452770053 (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 2 Peter Tauck Payroll  $\square$ Noncash  $\square$ \$ 80,000. 272 Hillspoint Road (Complete Part II for noncash contributions.) Westport CT 06880 (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X Kiki and Dan Mahar Person 3 Payroll  $\square$ \$ Noncash 596 Allens Creek Road 50,000. (Complete Part II for noncash contributions.) Rochester NY 14618 (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4\_\_\_\_ Person X Arthur C. Tauck Payroll X 6 Bluff Point 47,887. Noncash (Complete Part II for Westport CT 06880 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person X Deb Steines Payroll 149 Upper Mountain X 46,743. Noncash \$ (Complete Part II for Fayston VT 05673 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person X 6 Sharon Weston Payroll  $\square$ X 39 Fatherland Drive \$ 42,142. Noncash (Complete Part II for noncash contributions.) Byfield MA 01922

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Stark Mountain Foundation, Inc.

Employer identification number

03-0369897

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) 215 shares of Thermo Fisher Scientific (plus \$1,000 in cash) 4 \_\_\_\_\_ 12/21/2018 \$ 46 887

		\$46,887.	12/21/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	150 shares of Facebook - \$20,807 25 shares of Diamonds Trust Series I - \$5,916 (plus \$20,020 in cash)	\$ <u>26,723.</u>	12/19/2018
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	1,098 shares of Sterling Bancorp (plus \$1,800 in cash)	\$19,906.	11/23/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	940 shares of Sterling Bancorp	\$ <u>20,436.</u>	05/03/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

Stark	Mountain Foundation, Inc.		03-0369897
Part III	(10) that total more than \$1,000 for the second sec	he year from any one co	<b>izations described in section 501(c)(7), (8), or</b> <b>ontributor.</b> Complete columns (a) through (e) and ter the total of <i>exclusively</i> religious, charitable, etc., on once. See instructions.) $\triangleright$ \$
	Use duplicate copies of Part III if additi		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gi ZIP + 4	ift Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift		(d) Description of how gift is held
Part I			
	Transferee's name, address, and	(e) Transfer of gi ZIP + 4	ift 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
	Transferee's name, address, and	(e) Transfer of gi ZIP + 4	ift 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
	Transferee's name, address, and	(e) Transfer of gi ZIP + 4	ift Relationship of transferor to transferee

			<b>PUBLIC INSP</b>	EC'	TI	<b>ON COPY</b>
SCHE (Form		Supplement	al Financial Statements			OMB No. 1545-0047
(FOIII	1990)	► Complete if the or Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes" on Form 990 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1	),		2018
	ent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest inform	mation.		Open to Public Inspection
Name o	f the organization	<u> </u>		Employe	er iden	tification number
		n Foundation, Inc.		03-0		
Par		•	vised Funds or Other Similar Fur		Acco	ounts.
	Comple	ete il the organization answered	"Yes" on Form 990, Part IV, line 6. (a) Donor advised funds		(b) Fi	inds and other accounts
1	Total number	at end of year			(5)10	
2		ue of contributions to (during year)				
3		ue of grants from (during year)				
4		ue at end of year				
5			advisors in writing that the assets he organization's exclusive legal control			
6			and donor advisors in writing that gra			
			fit of the donor or donor advisor, or f			
_		ermissible private benefit?	<u> </u>			· · 🗌 Yes 🗌 No
Part		rvation Easements.				
1		conservation easements held by the	"Yes" on Form 990, Part IV, line 7.			
1	,	-	tion or education)  Preservation of	f a histo	vically	v important land area
		of natural habitat	·			istoric structure
	Preservatio	on of open space				
2			eld a qualified conservation contribution	on in the	e form	
		he last day of the tax year.				Held at the End of the Tax Year
a				H	2a	
b c	-	-	s	-	2b 2c	
d			(c) acquired after 7/25/06, and not		20	
	historic structu	are listed in the National Register .			2d	
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or ter	minated	by th	e organization during the
4	-	tes where property subject to conse	rvation easement is located >			
5	Does the org	anization have a written policy reg	garding the periodic monitoring, ins	-		-
			sements it holds?			
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	ig consei	rvatio	n easements during the year
7		enses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conserv	ation	easements during the year
0	►\$			f	170	
8	and section 17		2(d) above satisfy the requirements of			
9			conservation easements in its revenue			
		accounting for conservation easeme	of the footnote to the organization's fir ents.	nancial s	staten	nents that describes the
Part			s of Art, Historical Treasures, or		Sim	ilar Assets.
			"Yes" on Form 990, Part IV, line 8.			
<b>1</b> a			AS 116 (ASC 958), not to report in its assets held for public exhibition, ea			
			ootnote to its financial statements that			
b			FAS 116 (ASC 958), to report in its			
			assets held for public exhibition, ed	ducatior	n, or	research in furtherance of
		provide the following amounts relation				¢.
	(i) nevenue in	Ided in Form 990, Part VIII, III and I				► ⊅ ▶ \$
2			historical treasures, or other simila			
	following amo	unts required to be reported under S	FAS 116 (ASC 958) relating to these i	tems:		-
а						
b			<u> </u>			

		P	UB	IC	INS]	PE	CTIO	N C		
1	e D (Form 990) 2018				_					Page 2
Part 3	Using the organization's acquisition, a collection items (check all that apply):	accession, and								
а	Public exhibition		d	🗌 Loan	or exchang	e progra	ams			
b	Scholarly research		е		-					
с	Preservation for future generations	3								
4	Provide a description of the organizat XIII.	ion's collections	s and expla	ain how t	hey further	the orga	anization's ex	empt pur	pose ir	ו Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be main						_	Yes 🗌	No
Part	Complete if the organization 990, Part X, line 21.	answered "Ye							on Fori	m
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	Yes 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	olete the fo	llowing ta	able:					
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amoun							•		No
1	If "Yes," explain the arrangement in Pa	art XIII. Check he	ere if the e	xplanatio	n has been	provide	d on Part XIII		. L	
Par		apowered "Ve	o" on For	m 000 I	Dort IV/ lin/	- 10				
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years ba		our years	back
10	Paginning of year balance	(a) Current year		or year		3 Dack				Dack
1a b	Beginning of year balance Contributions									
c c	Net investment earnings, gains, and									
Ŭ										
d	Grants or scholarships									
e	Other expenditures for facilities and									
Ŭ	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he current vear	end balanc	e (line 10	L L column (a	)) held a	s'			
a	Board designated or quasi-endowmer				, ooranni (a		0.			
b	Permanent endowment ►	%								
C	Temporarily restricted endowment ►	%								
	The percentages on lines 2a, 2b, and	2c should equal	100%.							
3a	Are there endowment funds not in the			zation the	at are held	and adn	ninistered for	the		
	organization by:								Yes	No
	(i) unrelated organizations							. 3a(	i)	
	(ii) related organizations							. <b>3a(</b>	i)	
b	If "Yes" on line 3a(ii), are the related of							. 3b	,	
	Describe in Part XIII the intended uses		tion's endo	owment f	unds.					
Part										
	Complete if the organization	answered "Ye	es" on For			e 11a. S	See Form 99	0, Part X	., line 1	10.
	Description of property	(a) Cost or (invest			or other basis other)		ccumulated preciation	(d) B	ook value	e
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment									
е	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part 2	X, columr	n (B), line 10	)c.).	🕨			

Part VII	Investments-Other Securities.				Page
	Complete if the organization answere	ed "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	<b>(c)</b> Method of Cost or end-of-yea	
I) Financial	derivatives				
2) Closely-ł	neld equity interests	[			
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	h) must as used Form 000 Dart V as (D) line 10)				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.				
	Complete if the organization answer	ed "Ves" on Form	990 Part IV line	11c See Form 990	Part X line 13
	(a) Description of investment		(b) Book value	(c) Method of	
	(a) Description of investment		(b) DOOR Value	Cost or end-of-yea	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answer		990, Part IV, line	11d. See Form 990,	
		scription			(b) Book value
	icial Interest in Assets Held	d by Others			334,777
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (E	B) line 15.)			334,777
Part X	Other Liabilities.			ł	
	Complete if the organization answere line 25.	ed "Yes" on Form	990, Part IV, line	11e or 11f. See For	m 990, Part X,
	(a) Description of liability	(b) Book value			
(1) Federal ir	ncome taxes				
(2)					
(3)					
(2) (3) (4) (5) (6) (7)					
(5)					
(6)					
(7)					
(8)					

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedul	e D (Form 990) 2018				Page 4
Part				Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	-			
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>	· · ·		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	-
Part				er Re	turn.
	Complete if the organization answered "Yes" on Form 990,				Γ
1	Total expenses and losses per audited financial statements	· ·		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>	· · ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Schedule D (Form 990) 2018	
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Part XIII	Supplemental Information (continued)

SCHEDULE I (Form 990)		Government		luals in the l	sanizations, United States 9, Part IV, line 21 or 23			Скорона 201	<b>P</b> 5-0047 <b>8</b>
Department of the Treasury			► Attach to	o Form 990.				Open to P	
Internal Revenue Service Name of the organization		► Go to	www.irs.gov/Form9	90 for the latest in	formation.		Employorid	Inspect lentification number	ion
Stark Mountain Foundat	ion Inc						03-036		
Part I General Informatio		Assistance					05 050		
<ol> <li>Does the organization main the selection criteria used to</li> <li>Describe in Part IV the organization</li> </ol>	o award the grants inization's procedu	or assistance? es for monitoring	the use of grant fu	 unds in the United	States.			. 🛛 Yes 🗌	No
Part II Grants and Other A Part IV, line 21, for a								ed "Yes" on Foi	m 990,
<b>1</b> (a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose of gr or assistance	
(1) Mad River Glen Cooperative			425 264						
P.O. Box 1089 Waitsfield VT 05673			435,364.					/arious Proj	<u>ects</u>
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>					· · · · · · · · ·	· · · · · ·	· · · ·	►	0

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Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide					
e expended solely for the charita		for which fun	ds were intende	ed; periodic review	of cash expenditures

#### SCHEDULE M (Form 990)

# PUBLIC INSPECTION CO

**Noncash Contributions** 

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

Department of the Treasury Internal Revenue Service

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



Name of the organization

## Stark Mountain Foundation, Inc.

Employer identification number 03-0369897

Part	I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
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		21	244,225.	Average	Share	e Pr	ice
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							
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							
	which the organization completed	Form 8283	s, Part IV, Donee Acknowled	agement	29		Vaa	0.
							Yes	No
30a	· · · · · · · · · · · · · · · · · · ·							
	28, that it must hold for at least to be used for exempt purposes	for the entir				30a		×
	If "Yes," describe the arrangement							
31	Does the organization have a	•						
						31		×
32a	Does the organization hire or use		•					
						32a		×
b 33	If "Yes," describe in Part II. If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	is checked,			

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Schedule M (Form 990) 2018

# PUBLIC INSPECTION COPY

Part II	<b>Supplemental Information.</b> 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 O (Form 990 or 990-EZ)	<b>PUBLIC INSPE</b> Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific question	EZ	N COPY омв №. 1545-0047 20 <b>18</b>
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to <i>www.irs.gov/Form990</i> for the latest information.		Open to Public Inspection
Name of the organization		Employer identific	
Stark Mountain	Foundation, Inc.	03-0369897	
Pt VI, Line 8b	The organization does not have committees that ac	ct on behalt	£
of the board.			
Pt VI, Line 11	: The Treasurer reviews the 990 and then sends a c	copy to eacl	n
Board member fo	or input before the return is filed.		
Pt VI, Line 120	: Compliance is discussed informally at meetings.		
Pt VI, Line 15	: The organization does not have an executive dire	ector or any	<u>7</u>
other employees	5 <u>.</u>		
Pt XI: Change	n Beneficial Interest in Assets Held by Others - (	\$1,764).	
Pt VI, Line 18	Since 2012, Forms 990 are available on the organi	zation's we	ebsite
at www.starkmo	ntain.org.		
Pt VI, Line 19	Other governing documents are available upon requ	lest.	

**BA**A. No. 51056K



## **PUBLIC INSPECTION COPY** Application for Automatic Extension of Time To File an

(Rev. January 2019)

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

		Enter filer's identifying number, see instructions			
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or			
print	Stark Mountain Foundation, Inc.	03-0369897			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)			
due date for	P.O. Box 1221				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instructions.	Waitsfield VT 05673				

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of Hall & Holden, PC

Telephone No. ► (802)496-3140

Fax No. ► (802)496-7894

• 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 EINs of all members the extension is for.	

1	I request an automatic 6-month extension of time until	Aug 17	, 20	$\underline{20}$ , to file the exempt organization return for
	the organization named above. The extension is for the	organization's ref	turn for:	

or

▶ 🕅 tax year beginning Oct 1 \_\_\_\_\_, 20 <u>18</u>, and ending <u>Sep 30</u>, 20 <u>19</u>.

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

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
	any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
С	<b>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.	3c	\$	0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.				

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

OMB No. 1545-1709