#### EXTENDED TO NOVEMBER 15, 2023 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization ( Check box if name changed and see instructions.) Check box if address changed. **B** Exempt under section THE VERMONT COMMUNITY FOUNDATION 22-2712160 Print EGroup exemption number X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. (see instructions) Type 3 COURT STREET 408(e) 7220(e) 408A ]530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) MIDDLEBURY, VT 05753 529A Check box if 316,750,116. C Book value of all assets at end of year an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university Check organization type Claim credit from Form 8941 Claim a refund shown on Form 2439 Н Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. 802-388-3355 DAN SMITH The books are in care of Telephone number Total Unrelated Business Taxable Income Part I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) Reserved 2 2 3 Add lines 1 and 2 3 Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 Total deductions. Add lines 8 and 9 10 1,000 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 enter zero 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or Schedule D (Form 1041) Part I, line 11 from: Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 4 Alternative minimum tax (trusts only) 5 5

223701 01-16-23

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Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2022)

Part		Tax and Payments							Page 2
1a		gn tax credit (corporations attach Form 1	118: truete attach Form 1116\		1a				
b					1b		-		
c		ral business credit. Attach Form 3800 (se							
d		t for prior year minimum tax (attach Forn							
e		credits. Add lines 1a through 1d					1e		
2		ract line 1e from Part II, line 7					2		0.
3		amounts due. Check if from: Form				Form 8866			
		Othe	r (attach statement)				3		
4	Total	tax. Add lines 2 and 3 (see instructions)	. Check if includes ta	x previou	usly deferred	under			
	section	on 1294. Enter tax amount here					4		0.
5	Curre	nt net 965 tax liability paid from Form 96	65-A, Part II, column (k)				5		0.
6a		nents: A 2021 overpayment credited to 2			6a				
b		estimated tax payments. Check if section	n 643(g) election applies	Ш	6b	20 000	-		
С					6c	30,280.	-		
d		gn organizations: Tax paid or withheld at			6d		-		
e	Back	up withholding (see instructions)	(-111- 5 0041)				-		
f		t for small employer health insurance pre credits, adjustments, and payments:			6f		-		
g			Other		6g				
7	Total	payments. Add lines 6a through 6g					7	30,2	280.
8		nated tax penalty (see instructions). Chec					8		1000
9		<b>lue.</b> If line 7 is smaller than the total of lin	•••••				9		
10		payment. If line 7 is larger than the total					10	30,2	80.
11		the amount of line 10 you want: Credite				Refunded	11		0.
Part	IV	Statements Regarding Certain	Activities and Other Info	rmatio	<b>n</b> (see instru	uctions)			
1	At an	y time during the 2022 calendar year, did	d the organization have an interes	st in or a	signature or o	other authority		Yes	No_
	over	a financia <b>l</b> account (bank, securities, or o	ther) in a foreign country? <b>I</b> f "Yes	s," the or	ganization ma	ay have to fi <b>l</b> e			
	FinCl	EN Form 114, Report of Foreign Bank an	d Financia <b>l</b> Accounts. If "Yes," en	nter the n	ame of the fo	reign country			
	here								<u> </u>
2		g the tax year, did the organization recei		•					37
		ın trust?							<u> </u>
•		s," see instructions for other forms the o	-	\r		\$			
3 4		the amount of tax-exempt interest receivavailable pre-2018 NOL carryovers here					rryoyor	_	
7		n on Schedule A (Form 990-T). Don't red							
5		2017 NOL carryovers. Enter the Busines				-			
		mounts shown below by any NOL claime							
		Business Activ				ost-2017 NOL (			
				\$	•				
				\$					
6a	Did th	ne organization change its method of acc	counting? (see instructions)						X
b	If 6a	s "Yes," has the organization described	the change on Form 990, 990-EZ	, 990-PF,	or Form 112	8? <b>I</b> f "No,"			
		in in Part V							<u> </u>
Part		Supplemental Information							
Provide	e the e	xplanation required by Part IV, line 6b. A	lso, provide any other additional i	nformati	on. See instru	uctions.			
	Lii	nder penalties of perjury, I declare that I have examined	this return including accompanying schedu	lee and etat	ements and to th	e heet of my knowle	dae and helie	of it is true	
Sign		priect, and complete. Declaration of preparer (other tha					age and belie	n, it io true,	
Here			l pre	SIDE	NT & CE	3A .	-	scuss this return	with
	Ī	ignature of officer	Date Title	10101	111 & CI		e preparer sr structions)?	nown below (see	No
		Print/Type preparer's name	Preparer's signature	Dat	- <sub>P</sub>		if PTIN	11 100	110
Paid		13po proparor o marrio	oparor o orginataro		-	self- employed			
Prepa	arer	LAURA J. KENNEY	LAURA J. KENNEY	11	/15/23		P00	0202198	}
Use (		Firm's name CLIFTONLARSC				Firm's EIN		-074674	
550	- · · · · y		IATIONAL PLACE, 2	2ND I	LOOR				
		Firm's address BOSTON, MA	02110			Phone no. 6		L7-0831	
223711 0	1-16-23						F	orm <b>990-T</b>	(2022)

#### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Depart	tment of the Treasury	ormation.	Open to Public Inspection for					
Interna	I Revenue Service	Do not enter SSN numbers on this form as it r	nay be i	made public if your organiz	ation is a 501(c)(3	).		nizations Only
<b>A</b> N	Name of the organization				B Employer	identific	cation numbe	r
	THE VERM	ONT COMMUNITY FOUNDATION			22-27	7121	60	
<u>c</u> (	Jnrelated business	activity code (see instructions) 90110	1		<b>D</b> Sequenc	e: .	1 of	_1
<u>E</u> [	Describe the unrelat	ed trade or business ALTERNATIVE	INV	ESTMENTS				
Pa	rt   Unrelated	Trade or Business Income		(A) Income	(B) Expense	es	(C)	Net
			_					
	Gross receipts or							
b			1c					
2		d (Part III, line 8)	2					
3		ract line 2 from line 1c	3					
4 a	· -	come (attach Schedule D (Form 1041 or Form	ا ا	108,413.			1.0	8,413.
	1120)). See instruc		4a	100,413.				0,413.
		rm 4797) (attach Form 4797). See instructions)	4b					
С Б		etion for trusts	4c					
5		a partnership or an S corporation (attach ATEMENT 1	5	-259,550.			-25	9,550.
6		IV)	6	233,330.				<del>5,550•</del>
7		anced income (Part V)	7					
8		royalties, and rents from a controlled	T T					
Ū		VI)	8					
9		e of section 501(c)(7), (9), or (17)						
_		t VII)	9					
10		activity income (Part VIII)	10					
11		e (Part IX)	11					
12		instructions; attach statement)	12					
13	Total. Combine lin	nes 3 through 12	13	-151,137.			-15	1,137.
Pa	rt II Deduction	ns Not Taken Elsewhere See instructi	ons fo	or limitations on ded	uctions. Dedi	uction	s must be	<u> </u>
1 4		nnected with the unrelated business in			401101101 204		o	
_	Componentian of	officers, directors, and trustees (Part X)						
1 2		S				2		744.
3		enance				3		
4		enance				4		
5						5		
6	,	s				6		
7		ch Form 4562). See instructions						
8		claimed in Part III and elsewhere on return		·····		8b		
9						9		
10		eferred compensation plans				10		
11		programs				11		
12		penses (Part VIII)				12		
13		costs (Part IX)				13		
14	Other deductions	(attach statement)		SEE STAT	EMENT 2	14		<u>1,521.</u>
15						15	2	<u>2,265.</u>
16		s income before net operating loss deduction. S		*	•		4 -	2 422
						16	-17	3,402.
17		operating loss. See instructions				17	1 17	$\frac{0.}{2.402}$
18	Unrelated busine	ss taxable income. Subtract line 17 from line 10	6			18	-17	3,402.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Page	٠
Paul	

	ule A (Form 990-T) 2022				Page 2
<u>Part</u>	III Cost of Goods Sold Enter met	thod of inventory va <b>l</b> u	ation		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2	8	
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the o	organization?	Yes No
Part					
1	Description of property (property street address, city, s	state, ZIP code). Chec	k if a dual-use. See instr	uctions.	
	A	,			
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued		- B		<u> </u>
	From personal property (if the percentage of				
а					
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					•
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	e and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part	I, line 6, column (B)		0.
<u>Part</u>	V Unrelated Debt-Financed Income (s	see instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. See	instructions.	
	A				
	в 🗌				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
_	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		% %	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D	). Enter here and on F	art I, line 7, column (A)	<u> </u>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	rough D. Enter here a	nd on Part I, line 7, colun	nn (B)	0.
_11_	Total dividends-received deductions included in line	e 10			0.

Schedule A (Form 990-T) 2  Part VI Interest, A		ovalties and Re	ente fron	n Control	lad Or	aanization	2 /0/		iana)		Page 3
rait VI Interest, A	iniuities, in			11 00111101		Exempt Contro		e instruct			
<b>1.</b> Name of cont organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Tota	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
<b>1)</b>								9			
2)											
3)											
4)											
		No	nexempt (	Controlled Or	ganizati	ons					
7. Taxable Income	7. Taxable Income 8. Net unrelated 9 income (loss) (see instructions)		I	otal of specif yments mad		10. Part of that is incontrolling gross	luded	in the zation's		Leductions directly connected with noome in column 10	
<b>(1)</b>											
2)											
(3)											
4)											
						Add colum Enter here line 8, c	and on	Part I, (A)	Ente	er here a	ns 6 and 11. and on Part I, olumn (B)
rotals Part VII Investme	nt Incomo	of a Section 50	1/0\/7\ /	0\ 0= (17\	Organ	izotion (		0.			0.
	Description of		1(0)(7), (	_				ructions)	!-!	Б Т.	otal deductions
	Description of	income		2. Amou incon		3. Deduction directly conn- (attach state)	ected	4. Set- (attach st		ոt) ar	nd set-asides d cols 3 and 4)
1)											
2)										_	
3)										_	
4) Fotals				Add amou column 2 here and or line 9, colu	. Enter n Part <b>I</b> , ımn (A) <b>0 .</b>					cc here	dd amounts in blumn 5. Enter e and on Part I, e 9, column (B)
Part VIII Exploite	d Exempt A	Activity Income,	Other 1	han Adve	ertising	g Income	see ins	structions)			
1 Description of exp	loited activity:										
		e from trade or busi				•	` '		2		
		h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
line 10, column (B	,								3		
, ,		I trade or business.				• •					
lines 5 through 7									4		
		is not unrelated busi							5		
6 Expenses attribut	able to income	entered on line 5	· · · · · · · · · · · · · · · · · · ·						6		
		act line 5 from line 6							_		
<ol> <li>4. Enter here and</li> </ol>	on Part II, line	12							7		

Schedule A (Form 990-T) 2022

Part	IX	Advertising Income				
1	Nar	me(s) of periodical(s). Check box if reporting two	or more periodicals on a c	consolidated basis.		
	Α [					
	в [					
	<b>c</b> [					
	<b>D</b> [					
Enter a	amou	ınts for each periodical listed above in the corres	ponding column.			
		·	A	В	С	D
2	Gro	oss advertising income				
		d columns A through D. Enter here and on Part I			•	0.
а			, , , , , , , , , , , , , , , , , , , ,			
3	Dire	ect advertising costs by periodical				
а		d columns A through D. Enter here and on Part I			•	0.
			, , , , , , , , , , , , , , , , , , , ,			
4	Αd\	vertising gain (loss). Subtract line 3 from line				
		For any column in line 4 showing a gain,				
		mplete lines 5 through 8. For any column in				
		4 showing a loss or zero, do not complete				
		es 5 through 7, and enter zero on line 8				
5		adership costs				
6		culation income				
7		cess readership costs. If line 6 is less than				
-		5, subtract line 6 from line 5. If line 5 is less				
		ın line 6, enter zero				
8		cess readership costs allowed as a				
•		duction. For each column showing a gain on				
		e 4, enter the lesser of line 4 or line 7				
а		d line 8, columns A through D. Enter the greater		al or zero here and	on	
-			o,o co, colo		•	0
	Par	rt II, line 13				0.
Part		t II, line 13  Compensation of Officers, Directo	rs, and Trustees (se			0.
Part		Compensation of Officers, Directo	rs, and Trustees (se		3. Percentage	4. Compensation
Part		Compensation of Officers, Directo	rs, and Trustees (se			
Part		Compensation of Officers, Directo			3. Percentage	4. Compensation
		Compensation of Officers, Directo			3. Percentage of time devoted	4. Compensation attributable to
Part  (1) (2)		Compensation of Officers, Directo			3. Percentage of time devoted to business	4. Compensation attributable to
1)		Compensation of Officers, Directo			3. Percentage of time devoted to business	4. Compensation attributable to
1)		Compensation of Officers, Directo			3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)		Compensation of Officers, Directo			3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X Ente	1. Name	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X Ente	1. Name er here and on Part II, line 1	2. Title		3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
GEM REALTY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-5.
GEM REALTY FUND VI, LP - NET RENTAL REAL ESTATE INCOME TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS	-740.
INCOME (LOSS)	-1,369.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)	-992.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - ORDINARY BUSINESS	0 683
INCOME (LOSS)	2,673.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - INTEREST INCOME	3.
TIFF PRIVATE EQUITY PARTNERS 2010, LLC - DIVIDEND INCOME TIFF PRIVATE EQUITY PARTNERS 2010, LLC - OTHER INCOME	113.
(LOSS)	-2,639.
CONSONANCE PRIVATE EQUITY, L.P ORDINARY BUSINESS INCOME	
(LOSS)	15,889.
CONSONANCE PRIVATE EQUITY, L.P OTHER INCOME (LOSS) ABERDEEN REAL ESTATE PARTNERS II, LP - ORDINARY BUSINESS	13.
	101.
ABERDEEN REAL ESTATE PARTNERS II. LP - INTEREST INCOME	143.
INCOME (LOSS) ABERDEEN REAL ESTATE PARTNERS II, LP - INTEREST INCOME ABERDEEN REAL ESTATE PARTNERS II, LP - OTHER INCOME (LOSS) ABERDEEN ENERGY & RESOURCES PARTNERS II, LP - ORDINARY	-605.
ABERDEEN ENERGY & RESOURCES PARTNERS II, LP - ORDINARY	-1,995.
BUSINESS INCOME (LOSS ABERDEEN ENERGY & RESOURCES PARTNERS II, LP - NET RENTAL	-1,995.
REAL ESTATE INCOME	-455.
AT ONE VENTURES, LP - INTEREST INCOME	44.
AT ONE VENTURES, LP - OTHER INCOME (LOSS)	-361.
GEM REALTY FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-43,015.
GEM REALTY FUND V, LP - NET RENTAL REAL ESTATE INCOME	-5,037.
GOBI CONCENTRATED PARTNERS, LP - OTHER INCOME (LOSS)	-212,085.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ORDINARY BUSINESS	
INCOME (LOSS)	-846.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - INTEREST INCOME	103.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - DIVIDEND INCOME TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ROYALTIES	229.
TIFF PRIVATE EQUITY PARTNERS 2011, LLC - ROYALTIES TIFF PRIVATE EQUITY PARTNERS 2011, LLC - OTHER INCOME	1.
(LOSS)	-131.
LAKESTAR GROWTH I LP - OTHER INCOME (LOSS)	-266.
LAKESTAR III LP - INTEREST INCOME	25.
LAKESTAR III LP - OTHER INCOME (LOSS)	-1,456.
SANGO PRIVATE EQUITY II LP - DIVIDEND INCOME	10.
SANGO PRIVATE EQUITY II LP - OTHER INCOME (LOSS)	-21.
SANGO PRIVATE EQUITY III LP - OTHER INCOME (LOSS)	-129.
THE LYME FOREST FUND III TE, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-9.
OHA DIVERSIFIED CREDIT STRATEGIES FUND, LP - INTEREST	665
INCOME	667.
OHA DIVERSIFIED CREDIT STRATEGIES FUND, LP - OTHER INCOME (LOSS)	-322.
PRECURSOR VENTURES IV LP - INTEREST INCOME	-322. 28.
PRECURSOR VENTURES IV LP - INTEREST INCOME  PRECURSOR VENTURES IV LP - OTHER INCOME (LOSS)	-7,114 <b>.</b>
	,,,,,,,

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-259,550.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEE INVESTMENT MANAGEMENT FEE		15,325. 6,196.
TOTAL TO SCHEDULE A, PART II,	LINE 14	21,521.

#### **SCHEDULE D** (Form 1120)

Name

Department of the Treasury Internal Revenue Service

#### Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

THE VERMONT COMMUN	ITY FOUNDATION			22-	2712160	
Did the corporation dispose of any investme	ent(s) in a qualified opportuni	ty fund during the tax ye	ear?		Yes X No	
If "Yes," attach Form 8949 and see its instru						
Part I Short-Term Capital Ga	ins and Losses - Asse	ets Held One Year	or Less			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga	iin	(h) Gain or (loss) Subtract column (e) from	
This form may be easier to complete if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column (		column (d) and combine the	
round off cents to whole dollars.	(sales price)	(or other basis)	r art i, iirie z, columni	(9)	result with column (g)	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
<b>1b</b> Totals for all transactions reported on						
Form(s) 8949 with <b>Box A</b> checked						
2 Totals for all transactions reported on						
Form(s) 8949 with <b>Box B</b> checked						
3 Totals for all transactions reported on						
Form(s) 8949 with <b>Box C</b> checked					79.	
4 Short-term capital gain from installment sales				4		
5 Short-term capital gain or (loss) from like-kin	nd exchanges from Form 8824			5		
6 Unused capital loss carryover (attach comput	,			6	(	
7 Net short-term capital gain or (loss). Combir	ne lines 1a through 6 in column	h		7	79.	
Part II Long-Term Capital Gai	ins and Losses - Asse	ts Held More Thai	n One Year			
See instructions for how to figure the amounts to enter on the lines below.	_ (d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from	
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column		column (d) and combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with <b>Box D</b> checked						
9 Totals for all transactions reported on						
Form(s) 8949 with <b>Box E</b> checked						
10 Totals for all transactions reported on						
Form(s) 8949 with <b>Box F</b> checked					16,064.	
				11	92,270.	
12 Long-term capital gain from installment sales				12		
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13		
				14	100 004	
15 Net long-term capital gain or (loss). Combin		h		15	108,334.	
Part III Summary of Parts I and			1		70	
16 Enter excess of net short-term capital gain (li				16	79.	
17 Net capital gain. Enter excess of net long-terr				17	108,334.	
18 Add lines 16 and 17. Enter here and on Form		licable line on other returns	3 <b>\</b>	18	108,413.	
Note: If losses exceed gains, see Capital Los	sses in the instructions.					

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

Department of the Treasury Internal Revenue Service

**Sales and Other Dispositions of Capital Assets** 

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

22 2712160

THE VERMONT CO	MMUNITY 1	FOUNDATIO	NC			22-2	712160
Before you check Box A, B, or C belo statement will have the same informa	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) from g r cost) was r	your broker. A su eported to the IR	bstitute S by your
broker and may even tell you which be Part   Short-Term. Transact	oox to check. ions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	instructions)	For long-term	
transactions, see page 2.  Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on I	Form(s) 1099-B show	ving basis was reporte	d to the IRS a	and for which no ad	
You must check Box A, B, or C below. ( f you have more short-term transactions than wil	Check only one bo	X. If more than one b	oox applies for your shor	t-term transactions, comp	lete a separate	Form 8949, page 1, for	
(A) Short-term transactions than will					-		
(B) Short-term transactions rep	•	•	•	•		,	
X (C) Short-term transactions no	t reported to you	<u>, ı on Form 1099-l</u>	В	•			
1 (a)	(b)	(c)	_ (d)	(e)	Adjustment,	if any, to gain or enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sa <b>l</b> es price)	Cost or other basis. See the	in column (d	g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(64,66 p.166)	Note below and		See instructions	from column (d) &
		(ivio., day, yi.)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
LAKESTAR III LP						•	28.
OHA DIVERSIFIED							
CREDIT STRATEGIES							
FUND,							51.
	<u> </u>	1/12/					
2 Totals. Add the amounts in colur		. , .					
negative amounts). Enter each to		-					
Schedule D, line 1b (if Box A abo	•	`					79.
above is checked), or line 3 (if B	UX U above is cr	ICCKCU)	ı	1			19•

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

223011 10-24-22 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

#### THE VERMONT COMMUNITY FOUNDATION

22-2712160

С

C

C

C

THE VERMONT CO							/12100
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ition as Form 109	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A sui reported to the IF	bstitute S by your
Part II Long-Term. Transaction	ons involving capita	al assets you held r	more than 1 year are	generally long-term (s	ee instructio	ons). For short-term ti	ansactions,
see page 1.  Note: You may aggregate all							
codes are required. Enter the	totals directly on S	Schedule D, line 8a	ı; yoù aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. Of you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep	orted on Form(s	) 1099-B showin	g basis was report	ted to the IRS (see	Note abo	ove)	
(E) Long-term transactions rep	* .	,	•	•		,	
X (F) Long-term transactions not	` '	•	9				
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	où enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo , day, yr )	disposed of	(sales price)	basis. See the	column (f	(g), enter a code in . See instructions.	Subtract column (e)
,		(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of	with column (a)
TIFF PRIVATE						adjustment	(9)
EQUITY PARTNERS							
2008, LLC							1,429.
ABERDEEN ENERGY &							1,423.
RESOURCES PARTNERS							
							60.
II,							60.
GEM REALTY FUND V,							0 402
LP							9,483.
TIFF PRIVATE							
EQUITY PARTNERS							
2011, LLC							4,606.
LAKESTAR III LP							-275.
SANGO PRIVATE							
EQUITY II LP							609.
OHA DIVERSIFIED							
CREDIT STRATEGIES							
FUND,							152.
							_
							_
							_
2 Totals. Add the amounts in colun	nne (d) (a) (a) a	nd (h) (subtract					
negative amounts). Enter each to		. , .					
,		•					
Schedule D, line 8b (if Box D abo	**	,					16,064.
above is checked), or <b>line 10</b> (if B			una incarrant ant	or in column (a) #5 =	hagis as :	raparted to the IDC	
Note: If you checked Box D above b		orted to the IRS	was incorrect, ent	er in column (e) the	Dasis as I	eported to the IRS	, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

# Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

22-2712160 THE VERMONT COMMUNITY FOUNDATION 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT 3 acquisition expense of sale Gain, if any, from Form 4684, line 39 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 92,270. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If 9 line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 92,270. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 17 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

Pa	rt III Gain From Disposition of Propert	y Und	ler Sections 1245	5, 1250, 1252	, 125	54, and 1255	(see ir	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			<b>(b)</b> Date acqui (mo <b>.</b> , day, yr		(c) Date sold (mo., day, yr.)
_ <u>A</u>								
<u>B</u>								
<u>_c</u>								
_ <u>D</u>								
	These columns relate to the properties on lines 19A through 19D.		Property A	Property l	В	Property	С	Property D
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
<u>24</u>	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
	Enter the <b>smaller</b> of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
c	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the <b>smaller</b> of <b>l</b> ine 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the <b>smaller</b> of line 24 or 27b	27c						
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
Su	mmary of Part III Gains. Complete property of	o <b>l</b> umns	A through D through	line 29b before (	going	to line 30.		
30	Total gains for all properties. Add property columns	A throu	ıgh D, <b>l</b> ine 24				30	
31	Add property columns A through D, lines 25b, 26g,	27c, 28	b, and 29b. Enter here	e and on line 13			31	
32	Subtract line 31 from line 30. Enter the portion from							
	fuere etternation en en ettert en Ferre 4707 line			,			32	
Pa	rrt IV Recapture Amounts Under Section (see instructions)	ns 179	9 and 280F(b)(2)	When Busine	ess l	Jse Drops to	50% (	or Less
						(a) Section 179	1	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wah <b>l</b> a ir	n prior vears	ſ	33		-+	. , , ,
34	Recomputed depreciation. See instructions		piloi years		34		$\neg +$	
35	Recapture amount. Subtract line 34 from line 33. Se				35			

Form **4797** (2022)

FORM 4797	PRO	PERTY HEL	D MORE THAN	ONE YEAR	ST	ATEMENT 3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
GEM REALTY FUND VI, LP TIFF PRIVATE						71,861.
EQUITY PARTNERS 2008, LLC TIFF PRIVATE EQUITY PARTNERS						133.
2010, LLC CONSONANCE PRIVATE EQUITY,						227.
L.P. ABERDEEN REAL ESTATE PARTNERS						187.
II, LP ABERDEEN ENERGY & RESOURCES	č					2,481.
PARTNERS II, TIFF PRIVATE EQUITY PARTNERS						17,333.
2011, LLC		,				48.
TOTAL TO 4797, PA	ART I, LINE	2				92,270.

#### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

#### Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

THE VERMONT COMMUNITY FOUNDATION 22-2712160								
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?								
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.								
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less								
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga		<b>(h) Gain or (loss)</b> Subtract column (e) from			
This form may be easier to complete if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column (		column (d) and combine the			
round off cents to whole dollars.	(sales price)	(or other basis)	r art i, iiio 2, colaiiii (	9)	result with column (g)			
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis								
was reported to the IRS and for which you								
have no adjustments (see instructions). However, if you choose to report all these								
transactions on Form 8949, leave this line								
blank and go to line 1b  Totals for all transactions reported on								
Form(s) 8949 with <b>Box A</b> checked								
2 Totals for all transactions reported on								
Form(s) 8949 with <b>Box B</b> checked								
3 Totals for all transactions reported on								
Form(s) 8949 with <b>Box C</b> checked					79.			
4 Short-term capital gain from installment sale				4				
5 Short-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			5				
6 Unused capital loss carryover (attach comput	,			6	()			
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Ga	ne lines 1a through 6 in column	h		7	79.			
Part II Long-Term Capital Ga See instructions for how to figure the amounts	ins and Losses - Ass	ets neid More Thai	n One Year		(h) Gain or (loss)			
to enter on the lines below.	(d) Proceeds	<b>(e)</b> Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was								
reported to the IRS and for which you have								
no adjustments (see instructions). However, if you choose to report all these transactions								
on Form 8949, leave this line blank and go to								
line 8b  Totals for all transactions reported on								
Form(s) 8949 with <b>Box D</b> checked								
9 Totals for all transactions reported on								
Form(s) 8949 with <b>Box E</b> checked								
10 Totals for all transactions reported on								
Form(s) 8949 with <b>Box F</b> checked					16,064.			
				11	92,270.			
12 Long-term capital gain from installment sale		7		12				
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13				
			r	14	100 224			
15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an		n h		15	108,334.			
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)  16 79.								
			r	17	108,334.			
					108,413.			
	Note: If losses exceed gains, see Capital Losses in the instructions.							

221051 12-16-22

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

Department of the Treasury Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification no.

22-2712160

THE VERMONT CO	MMUNITY 1	FOUNDATIO	N			22-2	712160
Before you check Box A, B, or C belo statement will have the same informa	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B o	or substitute statem r basis (usually you	ent(s) fron cost) was	n your broker. A su s reported to the IF	bstitute S by your
broker and may even tell you which be Part   Short-Term. Transacti	ox to check.						
transactions, see page 2.  Note: You may aggregate all	short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ac	
codes are required. Enter the You must check Box A, B, or C below.							
If you have more short-term transactions than will					-		
(A) Short-term transactions rep (B) Short-term transactions rep	•	•	•	•	Note and	ove)	
(C) Short-term transactions no		•	•	ported to the Ins			
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sa <b>l</b> es price)	basis. See the	column (f	). See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
LAKESTAR III LP							28.
OHA DIVERSIFIED							
CREDIT STRATEGIES							
FUND,							51.
2. Totala Add the amounts in saling	ano (d) (a) (a) =	nd (b) (ou btract					
2 Totals. Add the amounts in colur negative amounts). Enter each to		. , .					
Schedule D, line 1b (if Box A abo		-					
above is checked), or line 3 (if B	•	`					79.
	~~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

THE VERMONT CO	MMUNITY 1	FOUNDATIO	ON			22-2	712160
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether y			or substitute statem er basis (usually you	ent(s) from r cost) was		
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	see instructio	ons). For short-term to	ransactions,
see page 1.  Note: You may aggregate all							
codes are required. Enter the	totals directly on S	Schedule D, line 8a	; yoù aren't required	I to report these trans	actions on F	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. On the low of the							eacn applicable box.
(D) Long-term transactions rep	orted on Form(s	) 1099-B showing	g basis was repor	ted to the IRS (see	Note abo	ove)	
(E) Long-term transactions rep  X (F) Long-term transactions not			=	eported to the IRS			
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sa <b>l</b> es price)	basis. See the	column (f)	See instructions.	Subtract column (e from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)
TIFF PRIVATE							
EQUITY PARTNERS							
2008, LLC							1,429.
ABERDEEN ENERGY &							
RESOURCES PARTNERS							
II,							60.
GEM REALTY FUND V,							
LP							9,483.
TIFF PRIVATE							
EQUITY PARTNERS							
2011, LLC							4,606.
LAKESTAR III LP							<275.
SANGO PRIVATE							
EQUITY II LP							609.
OHA DIVERSIFIED							
CREDIT STRATEGIES							
FUND,							152.
				1			
O Taballa Addubbs accounts in the	 	 		+			
2 Totals. Add the amounts in colum		` , `					
negative amounts). Enter each to		· ·					
Schedule D, line 8b (if Box D abo	•	`					16,064.
above is checked), or line 10 (if E	oux F above is cr	ieckeu)		<u> </u>	1		1 10,004.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

# Form **2220**Department of the Treasury

**Underpayment of Estimated Tax by Corporations** 

Attach to the corporation's tax return.

THE VERMONT COMMUNITY FOUNDATION

FORM 990-T

OMB No. 1545-0123

Internal Revenue Service

Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number 22-2712160

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

F	Part I   Required Annual Payment								
1	Total tax (see instructions)							1_	
	2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1								
t	<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term								
	contracts or section 167(g) for depreciation under the income forecast method								
	c Credit for federal tax paid on fuels (see instructions)				_2c				
	d Total. Add lines 2a through 2c							2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do		·	•					
	does not owe the penalty							3	
4	Enter the tax shown on the corporation's 2021 income tax retu							١,	
	or the tax year was for less than 12 months, skip this line and	ente	r the amount from line 3 (	on line 5				4_	
_	Paguired annual naument. Enter the amellor of line 2 or line	/ If	the corporation is require	d to akin lii	20.4				
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line enter the amount from line 3		·	•	-			5	
F	enter the amount from line 3  Part II Reasons for Filing - Check the boxes below	w th	at annly. If any hoves are	checked th	e corn	oration	muet file Form 22		
•	even if it does not owe a penalty. See instructions.	VV (11	at apply: If ally boxes are	onoonou, m	c corp	Jianon	must nje i omi 22	.20	
6	The corporation is using the adjusted seasonal installn	nent	method						
7	The corporation is using the annualized income installing the annualized installing								
8	The corporation is a "large corporation" figuring its firs			n the prior	vear's	tax			
Ť	Part III Figuring the Underpayment		an oa motamnont bacca c	ir the prior	your o	ca, u			
			(a)		(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the		, ,				` '		` .
	15th day of the 4th (Form 990-PF filers: Use 5th month),								
	6th, 9th, and 12th months of the corporation's tax year	9							
10	Required installments. If the box on line 6 and/or line 7								
	above is checked, enter the amounts from Sch A, line 38. If								
	the box on line 8 (but not 6 or 7) is checked, see instructions								
	for the amounts to enter. If none of these boxes are checked,								
	enter 25% (0.25) of line 5 above in each column	10							
11	Estimated tax paid or credited for each period. For								
	column (a) only, enter the amount from line 11 on line 15.								
	See instructions	11							
	Complete lines 12 through 18 of one column								
	before going to the next column.								
12	Enter amount, if any, from line 18 of the preceding column	12							
13	Add lines 11 and 12	13							
	Add amounts on lines 16 and 17 of the preceding column	14							
15	Subtract line 14 from line 13. If zero or less, enter -0	15							
16	If the amount on line 15 is zero, subtract line 13 from line								
	14. Otherwise, enter -0-	16							
17	Underpayment. If line 15 is less than or equal to line 10,								
	subtract line 15 from line 10. Then go to line 12 of the next								
	column. Otherwise, go to line 18	17							
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10								
	from line 15. Then go to line 12 of the next column	18							

LHA For Paperwork Reduction Act Notice, see separate instructions.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2022)

Form 2220 (2022)

### Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05) 365	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27				
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
36	Underpayment on line 17 x Number of days on line 35 x *% 366	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	otal h	ere and on Form 1120, lir	ne 34; or the comparable	38	\$ 0.

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

# Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

22-2712160 THE VERMONT COMMUNITY FOUNDATION 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) SEE STATEMENT 4 acquisition expense of sale Gain, if any, from Form 4684, line 39 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 92,270. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If 9 line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 92,270. capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 14 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 17 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2022)

(a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	oroperty:	<b>9</b> (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:				
1							
3							
)							
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
<b>b</b> Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
<b>b</b> Enter the <b>smaller</b> of <b>l</b> ine 24 or 28a	28b						
If section 1255 property:  a Applicable percentage of payments excluded from income under section 126. See instructions	29a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						
ımmary of Part III Gains. Complete property o	olumne	A through D through	line 20h hefere	aoina	to line 30		
Oomplete property c	Olumnis .	A tillough b tillough	Time 23b before	gonig	to line 50.		
Total gains for all properties. Add property columns	A throu	gh D, <b>l</b> ine 24				30	
Add property columns A through D, lines 25b, 26g,	27c, 28l	o, and 29b. Enter he	re and on line 13	3		31	
Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	684, <b>l</b> ine 33. Ent	er the p	oortion		
from other than casualty or theft on Form 4797, line	6					32	
art IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	ess l	Jse Drops to	50% c	r Less
(see instructions)					() 0	Т	#\\C ::
					(a) Sectior 179	1	(b) Section 280F(b)(2)
Ocation 470 company de la					1/3	+	2001 (D)(Z)
Section 179 expense deduction or depreciation allo	wable in	prior years		33		<del></del>	
Recomputed depreciation. See instructions				34			

COST OR BASIS	GAIN OR LOSS
	71,861.
	133.
	227.
	187.
	2,481.
	17,333.
	92,270.
_	

FORM 8865	AFFILIATION SCHEDULE		STATEMEN	г 5
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR- EIGN P'SH
DA EDGE SOLUTIONS LP	3535 EXECUTIVE TERMINAL I HENDERSON, NV 89052	DR 98-1550809		X
DA 5G SOLUTIONS EQUITY SPV	3535 EXECUTIVE TERMINAL I	DR 86-1688180		
DA 5G SOLUTIONS OUTCOME BA	HENDERSON, NV 89052 3535 EXECUTIVE TERMINAL I	DR 86-1717284		
DA 5G SOLUTIONS SPLITTER L	HENDERSON, NV 89052 3535 EXECUTIVE TERMINAL I	DR 86-1669517		
THEA TOPCO LP	HENDERSON, NV 89052 3535 EXECUTIVE TERMINAL I HENDERSON, NV 89052	DR 87-3847403		

FORM 8865	CERTAIN PARTNERS OF FOREIGN	PARTNERSHIP	STATEMENT 6
NAME	ADDRESS	IDENTIFYING NUMBER	CHECK IF FOREIGN PERSON
BAYLOR COLLEGE OF MEDICINE	2 GREENWAY PLAZA SUITE 924	74-1613878	
THE CHURCH PENSION FUND	HOUSTON, TX 77046 19 EAST 34TH STREET	15-5562193	
INTERNATIONAL MONETARY FUN	NEW YORK, NY 10016 700 19TH STREET NW	53-6004373	
HONEIZHET TON	WASHINGTON, DC 20006		

FORM 8865	AFFILIATION SCHEDULE	STATEMENT 7		
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	EIGN
AFRICAN DEVELOPMENT PARTNE	IFS COURT, BANK STREET	91-0619079		X
	EBENE, MAURITIUS 72201 LEVEL THREE, ALEXZANDER HO	98-1193869		X
CAPITAL ALLIANCE PRIVATE E	EBENE, MAURITIUS 5TH FLOOR BARKLY WHARF	APPLIED FOR		Х
AFRICAN MINERALS EXPLORATI	PORT LOUIS, MAURITIUS 12F RUE GUILLAUME KROLL	APPLIED FOR		Х
ADP II HOLDING 7 L.P.	LUXEMBOURG L-1882 GROUND FLOOR CAMBRIDGE HOU ST. PETER PORT, GUERNSEY G	98-1327933		Х
ADP II HOLDING 10 L.P.	GROUND FLOOR CAMBRIDGE HOU	98-1446535		Х
CATALYST FUND II LP	ST. PETER PORT, GUERNSEY G 6TH FLOOR, TOWER A, 1 CYBE EBENE, MAURITIUS	APPLIED FOR		X
SPE II CO-INVEST LP	ONE NEXUS WAY CAMANA BAY, GRAND CAYMAN C	98-1355386		X
SPE II CO-INVEST II LP	ONE NEXUS WAY	98-1374885		Х
PHATISA FOOD FUND 2 LLC	CAMANA BAY, GRAND CAYMAN C SUITE A, BLOCK 7 UNICITI O	APPLIED FOR		Х
SYNERGY PRIVATE EQUITY FUN	BAMBOUS, MAURITIUS LEVEL 3, ALEXANDER HOUSE,	APPLIED FOR		X
MEDU INDUSTRIAL PARTNERSHI	EBENE, MAURITIUS 4TH FLOOR, 35 FERGUSON ROA	APPLIED FOR		х
APIS GROWTH FUND II	ILLOVO , SANDTON SOUTH AFR 44 GREAT MARLBOROUGH STREE	APPLIED FOR		Х
SANGO TECH-ENABLED GROWTH	LONDON , UNITED KINGDOM W1 ONE NEXUS WAY	APPLIED FOR		X
SPE AIF I, LP	CAMANA BAY, GRAND CAYMAN C 2ND FLOOR, THE AXIS 26 EBENE, MAURITIUS 72201	APPLIED FOR		x

FORM 8865	SCHEDULE	O - OTHER PRO	PERTY TRANSF	'ERS	STATEMENT 8
<b> DESCRIPTION</b>	OF PROPERTY				
(A) DATE OF TRANSFER	(C) FMV ON DATE OF TRANSFER	(D) COST OR OTHER BASIS	(E) RECOVERY PERIOD	(F) SEC 704(C) ALLOCATION METHOD	(G) GAIN RECOGNIZED ON TRANSFER
EURO 09 15 22	113,299.	0.			113,299.

FORM 8865	CERTAIN PARTNERS OF FOREIGN	PARTNERSHIP	STATEMENT 9
NAME	ADDRESS	IDENTIFYING NUMBER	CHECK IF FOREIGN PERSON
BAYLOR COLLEGE OF MEDICINE	2 GREENWAY PLAZA SUITE 924	74-1613878	
INTERNATIONAL MONETARY FUN	HOUSTON, TX 77046 700 19TH STREET NW	53-6004373	
OHANA HOLDINGS, LLC	WASHINGTON, DC 20006 720 UNIVERSITY AVE., STE. LOS GATOS, CA 95032	47-3322657	

FORM 8865	AFFILIATION SCHEDULE		STATEMENT 10	
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	FOR- EIGN
AFRICAN DEVELOPMENT PARTNE	MARTELLO COURT, ADMIRAL PA	98-1433256		
	ST. PETER PORT, GUERNSEY G 44 GREAT MARLBOROUGH STREE	APPLIED FOR		X
MEDU INDUSTRIAL PARTNERSHI	LONDON , UNITED KINGDOM W1 4TH FLOOR, 35 FERGUSON ROA	APPLIED FOR		X
MEDU IV INVESTMENT PARTNER	•	APPLIED FOR		Х
SAWARI VENTURES NORTH AFRI	COOPERATIEF U.A. JAN VAN G	APPLIED FOR		х
FUND	AMSTERDAM, NORTH HOLLAND N 5TH FLOOR BARKLY WHARF	APPLIED FOR		х
SANGO TECH-ENABLED GROWTH	PORT LOUIS, MAURITIUS ONE NEXUS WAY	APPLIED FOR		Х
SPE AIF I, LP	CAMANA BAY, GRAND CAYMAN C 2ND FLOOR, THE AXIS 26 EBENE, MAURITIUS 72201	APPLIED FOR		х