efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493348010537 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

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

foundations)

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

The SOC and its instructions is at www IRS gov/form99

•	l Revenue Servic	■ Information about Form 990 and its instructions is at www	IRS gov/1	<u>form990</u>		Inspection			
A F	or the 2016	calendar year, or tax year beginning 07-01-2016 , and ending 06-30)-2017						
□ Ad	ck if applicable dress change me change	C Name of organization THE BRATTLEBORO DEVELOPMENT CREDIT CORP		D Employe 03-6010		cation number			
□ Ini Fin	tial return al	Doing business as							
□ Am	n/terminated nended return plication pendin	Number and street (or P O box if mail is not delivered to street address) Room/sui 76 COTTON MILL ROAD	te		E Telephone number (802) 257-7731				
□ Application pending		City or town, state or province, country, and ZIP or foreign postal code BRATTLEBORO, VT 05301		G Gross rec	eipts \$ 4,4	162,639			
		F Name and address of principal officer	H(a) Is	this a group ret	urn for				
		DEBORAH BOYLE 76 COTTON MILL ROAD BRATTLEBORO, VT 05301	н(ь) Ar	ibordinates? e all subordinate	es	□Yes ☑No □Yes □No			
Ta	x-exempt status	5 ☐ 501(c)(3) ☑ 501(c)(6) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		cluded? "No," attach a li	st (see i				
W	ebsite:► W	WW BRATTLEBORODEVELOPMENT COM		oup exemption		•			
(Forr	n of organizatio	n ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of fo	ormation 1954	M State o	f legal domicile VT			
Pa	rtI Sun	nmary							
covernance	CREATE OF LIFE	RVES AS A CATALYST FOR INDUSTRIAL AND COMMERCIAL GROWTH IN WIN AND RETAIN A FLOURISHING BUSINESS COMMUNITY THAT SUPPORTS VIBROF ALL ITS RESIDENTS his box If the organization discontinued its operations or disposed of m	ANT FISCA	AL ACTIVITY ANI	O IMPRO				
		of voting members of the governing body (Part VI, line 1a)			3	11			
É	4 Number	of independent voting members of the governing body (Part VI, line 1b)			4	11			
ACTIVILIES &	5 Total nu	5	20						
₹	6 Total nu	umber of volunteers (estimate if necessary)			6	11			
	7a Total ur	nrelated business revenue from Part VIII, column (C), line 12			7a	0			
	b Net unr	elated business taxable income from Form 990-T, line 34			7b	0			
				Prior Year	_	Current Year			
ġ.	1	utions and grants (Part VIII, line 1h)		4,360,8		1,512,160			
ēn uð Að		n service revenue (Part VIII, line 2g)	2,199,4						
æ		nent income (Part VIII, column (A), lines 3, 4, and 7d)		· ·	77,305				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 77,305 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,768,981							
		Grants and similar amounts paid (Part IX, column (A), lines 1–3) 4,154,029							
	14 Benefits	4 Benefits paid to or for members (Part IX, column (A), line 4)							
82	15 Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		496,2	22	623,256			
Expenses	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)			0	0			
άx	b Total fun	draising expenses (Part IX, column (D), line 25) ▶0							
ш		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,782,9		1,886,957			
		renses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,433,1		3,983,490			
ي	19 Kevenu	e less expenses Subtract line 18 from line 12	Reginn	335,8 ung of Current Ye		479,149 End of Year			
Net Assets or Fund Balances									
Bak	20 Total as	sets (Part X, line 16)		14,180,2	94	27,878,698			
2 2	21 Total lia	bilities (Part X, line 26)		11,826,5	49	25,045,804			
Z 🛴	22 Net ass	ets or fund balances Subtract line 21 from line 20		2,353,7	45	2,832,894			
		nature Block perjury, I declare that I have examined this return, including accompanying	schodulos	and statements	and to t	he hest of my			
now		ref, it is true, correct, and complete Declaration of preparer (other than office		ed on all informa					
Sign	Signa	** sture of officer		2017-12-14 Date					
lere		DRAH BOYLE TREASURER							
	DLDC	or print name and title							
	<u>'</u>		ate		TIN 00085224				
Paid	Г			self-employed					
-	parer	Firm's name ► MELANSON HEATH AND COMPANY PC Firm's address ► 102 PERIMETER ROAD		Firm's EIN ► 02-0					
Jse	Only			Phone no (603) 8	oz-1111				
		NASHUA, NH 030631301							
1ay t	he IRS discus	is this return with the preparer shown above? (see instructions)			✓ Y	es 🗌 No			

Cat No 11282Y

Form **990** (2016)

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)					Page 2					
Par	t IIII Statement	of Program Service	e Accomplis	hments							
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹					
1	Briefly describe the o	rganization's mission		·							
					PROFIT ECONOMIC DEVELOPMENT						
					DUNTY OUR PRIMARY OBJECTIVE ND IMPROVES THE QUALITY OF LI						
A FL	JUNISHING BUSINESS	COMMONITY THAT 50	PPORTS VIBRAI	NI FISCAL ACTIVITY A	ND IMPROVES THE QUALITY OF EI	FE OF ALL ITSKESIDENTS					
2	Did the organization	undertake anv significa	ant program ser	vices during the year v	which were not listed on						
	the prior Form 990 or	☐ Yes ☑ No									
	•	se new services on Scl									
3	Did the organization										
	services?					☐ Yes 🗹 No					
	If "Yes," describe the	se changes on Schedu	le O								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses										
	Section 501(c)(3) and										
	expenses, and reveni	ue, if any, for each pro	gram service re	ported							
4a	(Code) (Expenses \$	1,991,785	including grants of \$) (Revenue \$	2,539,212)					
	See Additional Data				, ,	, , ,					
	-										
4b	(Code) (Expenses \$	1,451,386	including grants of \$	1,044,438) (Revenue \$)					
	See Additional Data										
4c	(Code) (Expenses \$	496,752	including grants of \$	428,839) (Revenue \$	247,112)					
	See Additional Data										
4d	Other program service	ces (Describe in Sched	ule O)								
	(Expenses \$) (Revenue \$)								
4e	Total program serv	/ice expenses ▶	3,939,9	23							
		•	•			Form 990 (2016)					

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Form 990 (2016)

Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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?

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?

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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? If "Yes," complete Schedule D, Part VII 🥞 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

or X as applicable

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 ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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)? If "Yes," complete Schedule D, Part X 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year?

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 🕏

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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Par	Checklist of Required Schedules (continued)					
		Yes	No			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No			
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes				
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? If "Yes," complete Schedule I, Parts I and III		No			
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? If "Yes," complete Schedule J		No			
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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a		No			
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?					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d					
25a	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					
Ь	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? 25b 25b 25b					
26	Did the composition was at any amount on Doub V. June E. C. and 23 few was appropriate to any appropriate and	$\overline{}$				

	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	
25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		

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Yes

Yes

Yes

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Yes

No

Νo

Νo

Nο

Nο

No

Nο

Nο

Nο

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🕏 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page !
Par	t 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			
	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 16 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 16			
		<u>'</u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	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		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		INO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
- Tα	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	H		No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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 service 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	1		
e	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
9	required?	7 g		
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		
۵2	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
2a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	4		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 9	990 (2	2016)			Page 6			
Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li				
		Check if Schedule O contains a response or note to any line in this Part VI			✓			
Sec	tion	n A. Governing Body and Management		V	N			
1a	Enter	r the number of voting members of the governing body at the end of the tax year 11		Yes	No			
	body,	ere are material differences in voting rights among members of the governing, or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O						
b	Enter	r the number of voting members included in line 1a, above, who are independent 1b 11						
		iny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2	Yes				
		he organization delegate control over management duties customarily performed by or under the direct supervisior ficers, directors or trustees, or key employees to a management company or other person?	3		No			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Dıd tl	he organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Dıd tl	he organization have members or stockholders?	6	Yes				
		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No			
b	Are a perso	any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7 b	Yes				
		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing						
а	The g	governing body?	8 a	Yes				
		committee with authority to act on behalf of the governing body?	8b	Yes				
	orgar	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Sec	tion	B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code					
10-	Did H	he organization have local chapters, branches, or affiliates?	10a	Yes	No No			
		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		INO			
	and b	pranches to ensure their operations are consistent with the organization's exempt purposes? The organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b					
	form ²	?	11a	Yes				
		ribe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes				
		he organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	res				
_	confli	icts?	12b	Yes				
	Sche	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes				
		he organization have a written whistleblower policy?	13	V	No			
		he organization have a written document retention and destruction policy?	14	Yes				
	perso	he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V				
		organization's CEO, Executive Director, or top management official	15a	Yes				
		r officers or key employees of the organization	15b	Yes				
		es" to line 15a or 15b, describe the process in Schedule O (see instructions) he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxab	ole entity during the year?	16a		No			
	ın jol	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements?	16b					
Sec	tion	ı C. Disclosure	100		<u> </u>			
		he States with which a copy of this Form 990 is required to be filed▶						
10	ا ـ ـ ـ	VT						
		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply						
		Own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)						
	Desci	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest						
		y, and financial statements available to the public during the tax year the name, address, and telephone number of the person who possesses the organization's books and records						
		e the name, address, and telephone number of the person who possesses the organization's books and records E ORGANIZATION 76 COTTON MILL ROAD BRATTLEBORO, VT 05301 (802) 257-7731						

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or 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 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) CRAIG MISKOVICH PRESIDENT	5 00	X		×				0	0	0	
(2) ROBERT STEVENS VICE PRESIDENT	5 00	Х						0	0	0	
(3) DEBORAH BOYLE TRESURER	2 00	Х						0	0	0	
(4) JOHN MEYER ASST TREASURER	2 00	Х						0	0	0	
(5) KEVIN MEYER TRUSTEE	1 00	Х						0	0	0	
(6) DAN NORMANDEAU TRUSTEE	1 00	Х						0	0	0	
(7) TAMMY RICHARDS TRUSTEE	1 00	Х						0	0	0	
(8) MARK RICHARDS TRUSTEE	1 00	Х						0	0	0	
(9) STEVE GORDON TRUSTEE	1 00	Х						0	0	0	
(10) ANUPAM MARTINS TRUSTEE	1 00	Х						0	0	0	
(11) PHIL STECKLER TRUSTEE	1 00							0	0	0	
(12) ADAM GRINOLD EXECUTIVE DIRECTOR	40 00			x				94,533	0	9,953	
(13) STEPHAN PHILLIPS SECRETARY/CLERK	2 00			х				0	0	0	
										Form 990 (2016)	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (C) (D) (E) (F) (A) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) organization (Worganizations (Wfrom the any hours for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensat employee Individual Office organizations related Institutional director. below dotted organizations employee line) trustee Trustee Ē 1b Sub-Total . • c Total from continuation sheets to Part VII. Section A . ٠ d Total (add lines 1b and 1c) 94,533 0 9,953 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Nο 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 No Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(B)

Description of services

ARCHITECTURE AND INTERIOR

DEVELOPMENT SERVICES

ENGINEERING SERVICES

DESIGN

(C)

Compensation

Form 990 (2016)

291,238

161,232

103,930

from the organization Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Name and business address

TRUEXCULLINS

209 BATTERY STREET BURLINGTON, VT 05401

M&S DEVELOPMENT

95 MAIN STREET
BRATTLEBORO, VT 05301
GS PRECISION INC

101 JOHN SEITZ DRIVE BRATTLEBORO, VT 05301

compensation from the organization ▶ 3

Part		II Statement of Re	evenue								rage 3
		Check if Schedule O		a respo	onse or note to any	line in t	hıs Part VIII				🗆
				·		(A) revenue	(B) Related or exempt function	Į ((C) Jnrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaigns		1a				revenue			512-514
Iributions, Gifts, Grants Other Similar Amounts		b Membership dues .		1b							
ira nou		c Fundraising events .		1c							
s. (An		d Related organizations		1d							
Giff		e Government grants (contril	butions)	1e	1,512,160						
Si m		f All other contributions, gifts		_ <u></u> -							
tion or S		and similar amounts not in- above		1f							
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions i	ıncluded								
Contrained (ın lınes 1a-1f \$									
ರ ಕ	_Ի	Total.Add lines 1a-1f .					,512,160				
KI e					Business						
757	2 a	RENT AND TENANT CHARGE				532000	2,53	39,212	2,539,212		
Service Revenue	b										
rwc	C										
32											
ran	e f	All other program service									
Program		Total.Add lines 2a-2f .			2,	539,212					
		Investment income (inclu			interest and other	1					T
	9	similar amounts)		•	•		161,562				161,562
		Income from investment		-		-					
	5	Royalties			•	•					
	6a	Gross rents	(ı) Real	ı	(II) Personal	\dashv					
	Ŀ	Less rental expenses									
	•	Rental income or				1					
	_	(loss)	`			_					
		Net rental income or (lo	(ı) Securit		· · · ▶ (II) Other						
	7a	Gross amount	(i) Securit	.163	(II) Other	-					
		from sales of assets other									
		than inventory									
	Ŀ	Less cost or other basis and									
		sales expenses Gain or (loss)				\dashv					
		Net gain or (loss)			 	1					
	8a	Gross income from fund	raising eve								
ıne		(not including \$ contributions reported or		of							
Other Revenue		See Part IV, line 18 .		a	,						
Re		Less direct expenses .		Ь							
her		: Net income or (loss) from			ents 🕨	_					
ŏ	96	Gross income from gami See Part IV, line 19		e5							
	_			а		_					
		Less direct expenses . Net income or (loss) fror		b	105						
		Gross sales of inventory,		activit	ies >						
		returns and allowances			J						
				a b		4					
		Less cost of goods sold Net income or (loss) fror									
		Miscellaneous Rev		IIIVEIII	Business Code						
	11	•aOTHER			53200	0	247,112	247	,112		
	t	BAD DEBT RECOVERIES			53200	0	2,593				2,593
	(
		I All other revenue Total. Add lines 11a-11			<u> </u>	1					_
				٠.			249,705				
	12	? Total revenue. See Ins	tructions	• •			4,462,639	2,786	,324	(164,155 Form 990 (2016)
											rorm 990 (2016)

orm	990 (2016)				Page 10
	rt IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX		<u> </u>	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,473,277	·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	101,988			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	383,521			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,199			
9	Other employee benefits	56,488			
10	Payroll taxes	71,060			
11	Fees for services (non-employees)				
а	Management				
b	Legal	32,908			
С	Accounting	13,375			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,675			
12	Advertising and promotion	5,750			
13	Office expenses	46,501			
14	Information technology	6,444			
15	Royalties				
16	Occupancy	1,028,814			
17	Travel	13,213			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	246,008			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	351,461			
23	Insurance	87,271			
	Other expenses Itemize expenses not covered 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)				
ā	a OTHER	29,537			
i					
•					
•	i				
•	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,983,490			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				
				l .	Form 990 (2016)

					Beginning of year		End of year
	1	Cash-non-interest-bearing		i .	29,361	1	114,366
	2	Savings and temporary cash investments	856,798	2	1,300,927		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			151,278	4	84,869
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L		5			
	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (Part II of Schedule L	(c)(3)(B), and of section 501(c)(9)		6		
ssets	7	Notes and loans receivable, net			8,682,887	7	22,054,761
SSI	8	Inventories for sale or use				8	
Þ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	8,322,280			
	ь	Less accumulated depreciation	10 b	3,998,505	4,459,970	10 c	4,323,775

S		inventories for sale of use		•		٥.				
۷	9	Prepaid expenses and deferred charges				9				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	8,322,280						
	ь	Less accumulated depreciation	10 b	3,998,505	4,459,970	10c	4,			
	11	Investments—publicly traded securities .	Investments—publicly traded securities .							
	12	Investments—other securities See Part IV, line		12						
	13	Investments—program-related See Part IV, line		13						
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11				15				
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	14,180,294	16	27,			
	17	Accounts payable and accrued expenses	•		225,396	17				
	18	Grants payable			18					
	19	Deferred revenue			19					

		investments other securities see rare iv, inte ii i i i i			
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	14,180,294	16	27,878,698
	17	Accounts payable and accrued expenses	225,396	17	129,595
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
_ છે.	22	Loans and other navables to current and former officers, directors, trustees			

	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	14,180,294	16	27,878,698
	17	Accounts payable and accrued expenses	225,396	17	129,595
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>a</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	11,520,435	23	24,796,790
	24	Unsecured notes and loans payable to unrelated third parties		24	

iliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
iab		persons Complete Part II of Schedule L		22	
7	23	Secured mortgages and notes payable to unrelated third parties	11,520,435	23	24,796,790
	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	80,718	25	119,419

E: I		persons Complete Part II or Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	11,520,435	23	24,796,790
	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	80,718	25	119,419
	26	Total liabilities. Add lines 17 through 25	11,826,549	26	25,045,804
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,353,745	27	2,832,894
3al	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Fund		Organizations that do not follow SFAS 117 (ASC 958),			
0	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	2,353,745	33	2,832,894
Z	34	Total liabilities and net assets/fund balances	14 180 294	34	27 878 698

14,180,294

34

27,878,698 Form **990** (2016)

34

Total liabilities and net assets/fund balances

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	,462,639
2	Total expenses (must equal Part IX, column (A), line 25)	2			,983,490
3	Revenue less expenses Subtract line 2 from line 1	3			479,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,353,745
5	Net unrealized gains (losses) on investments	5			, , , _ ,
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			0
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	,832,894
Par	t XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response or note to any line in this Part XII				✓
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		·	

За

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 03-6010485

Name: THE BRATTLEBORO DEVELOPMENT CREDIT CORP

Form 990 (2016)

REGION

Form 990, Part III, Line 4a: REAL ESTATE OPERATION OF INCUBATOR INDUSTRIAL BUILDINGS AND SEVERAL LOTS IN THE EXIT ONE INDUSTRIAL PARK. HOUSING IN EXCESS OF 50 BUSINESSES. EMPLOYING IN EXCESS OF 350 PEOPLE THE ORGANIZATION PREVIOUSLY ACQUIRED THREE OLDER, UNOCCUPIED INDUSTRIAL BUILDINGS VACATED BY MAJOR EMPLOYERS AND CONVERTED THE BUILDINGS TO INCUBATOR FACILITIES TARGETED TO STARTUP BUSINESSES, AND TO SUPPORT REGIONAL EMPLOYERS AS THEY LOOK TO GROW AND EXPAND THE ORGANIZATION PROVIDES ADMINISTRATIVE AND MANAGEMENT SUPPORT OF THESE BUSINESSES, AND TO THE SOUTHERN VERMONT

Form 990, Part III, Line 4b: DEVELOPMENT PROJECTS BDCC HAS ENTERED INTO AGREEMENTS, IN SUPPORT OF AFFILIATED ENTITIES, BRATTLEBORO DEVELOPMENT CREDIT CORPORATION REAL

THE BENEFIT OF REGIONAL EMPLOYERS PROVIDING OPPORTUNITIES FOR GROWTH AND JOB CREATION

ESTATE HOLDINGS, INC. AND BRATTLEBORO DEVELOPMENT CREDIT CORPORATION REAL ESTATE HOLDINGS II, INC., ON BEHALF OF SPECIFIC EXPANSION PROJECTS FOR

Form 990, Part III, Line 4c: ADMINISTERING BDCCS STRATEGIC PROJECTS, FUNDED FROM INTERNAL SOURCES, FEDERAL, STATE AND PRIVATE FOUNDATION GRANTS, INCLUDING CDBG DISASTER RELIEF, GREEN BUILDING CLUSTER, WORKFORCE CENTER OF EXCELLENCE, SOUTHERN VERMONT ECONOMY PROJECT, AND WINDHAM COUNTY ECONOMIC DEVELOPMENT

PROGRAM

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047

DLN: 93493348010537

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** THE BRATTLEBORO DEVELOPMENT CREDIT CORP 03-6010485 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2016

Par	t III	Organizations Maintaining Co	ollections o	f Art, I	Histori	cal T	reasu	ires, or	Other	Similar A	ssets	(continued)	
3	Using items	the organization's acquisition, accessi (check all that apply)	on, and other	records	, check	any of	the fol	llowing ti	hat are a	sıgnıfıcant	use of it	s collection	
а		Public exhibition			d		Loan	or excha	nge prog	yrams			
b		Scholarly research			е		Other	r					
c		Preservation for future generations											
4	Provid Part X	de a description of the organization's c	ollections and	explain	how the	ey furtl	ner the	e organız	ation's e	xempt purp	ose in		
5		g the year, did the organization solicit s to be sold to raise funds rather than								nılar	□ Y	es 🗆 i	No
Pai	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		on Fo	rm 990	, Part	IV, lıı	ne 9, or	reporte	ed an amo	unt on	Form 990	, Part
1a		e organization an agent, trustee, custo led on Form 990, Part X?	dian or other ii	ntermed	diary for	contri	butions	s or othe	er assets	not	□ Y	es 🗌 I	No
b	If "Ye	es," explain the arrangement in Part XI	II and comple	te the fo	ollowing	table		[,	Amount	:	
С	Begin	ning balance						[1c				
d	Addıtı	ons during the year						[1d				<u> </u>
е	Distri	butions during the year						[1e				
f	Endın	g balance						Į	1f				_
2 a	Did th	ne organization include an amount on l	Form 990, Part	t X, line	21, for	escrow	or cu	stodial a	ccount lia	ability?	□ Y	es 🗆 ı	No
b	If "Ye	s," explain the arrangement in Part XI	II Check here	of the e	xnlanatı	on has	been	provideo	d in Part 1	XIII		\square	
Pa	rt V	Endowment Funds. Complete			•								
		'	(a)Current			rıor yea		(c)Two ye				(e)Four ye	ars back
1 a	Beginn	ing of year balance											
b	Contrib	outions											
С	Net inv	estment earnings, gains, and losses											
d	Grants	or scholarships											
	and pro	expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance											
2	Provid	de the estimated percentage of the cur	rent year end	balance	e (line 1	g, colu	mn (a))) held as	s				
а	Board	designated or quasi-endowment 🟲											
b	Perma	anent endowment 🟲											
С	Temp	orarily restricted endowment >											
	The p	ercentages on lines 2a, 2b, and 2c sho	ould equal 100	%									
3a		nere endowment funds not in the posso iization by	ession of the o	rganıza	tion that	t are h	eld and	d admini	stered fo	r the		Yes	No
	(i) ur	nrelated organizations									3	Ba(i)	<u> </u>
		elated organizations									3	a(ii)	
b		s" on 3a(II), are the related organization					· ·					3b	
4		tibe in Part XIII the intended uses of th		n's endo	wment f	unds							
Pa	rt VI	Land, Buildings, and Equipme Complete if the organization and		on For	m 990	Part 1	IV lın	ne 11a	See For	m 990 Pa	rt X lır	ne 10	
	Descri	ption of property (a) Cost or c (investr	ther basis		or other					lepreciation		(d)Book valu	ne
	Land					75	54,686						754,686
	Buildin						06,028			3,946,513			3,559,515
		old improvements				. ,	,			, -,			, ,
		nent				f	51,566			51,992			9,574
	Other						-,- 55			,			2/2.1
		lines 1a through 1e (Column (d) must	equal Form 99	90, Part	X, colur	nn (B)	, line 1	10(c)) .		>			4,323,775

See Form 990, Part X, line 12.			Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value		of valuation year market value
1)Financial derivatives			
2)Closely-held equity interests			
A)			
B)			
C)			
D)			
E)			
F)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Investments—Program Related. Complete if the organ See Form 990, Part X, line 13.	nization answei	ed 'Yes' on Form 990), Part IV, line 11c.
	Book value		of valuation ear market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization answered 'Yes' on F (a) Description	Form 990, Part IV	, line 11d See Form 99	0, Part X, line 15 (b) Book value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)	1 1 1	000 D- 17/ 1 11-	b
Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.			e or lif.
. (a) Description of liability 1) Federal income taxes	(b) Book	value	
ENANT SECURITY DEPOSITS		84,145	
ENTANT DECORATT DEL OUTTO			
THER		35,274	
OTHER 3)		35,274	
OTHER 3)		35,274	
OTHER 3) 4)		35,274	
DTHER 3) 4) 5)		35,274	
DTHER 33) 4) 5)		35,274	
OTHER 3) 4) 5) 6)		35,274	
OTHER 3) 4) 5) 6) 7)		35,274	
DTHER 3) 4) 5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)		119,419	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Donated services and use of facilities . 2b b 2c c Recoveries of prior year grants . . . 2d

Other (Describe in Part XIII) . . 816,154 d е Add lines 2a through 2d 2e 3 3

Subtract line 2e from line 1 .

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII) b Add lines 4a and 4b . . .

Schedule D (Form 990) 2016

Part XI

5

1

2

b

d

е 3

а

b

C

Part XIII

5

4

Part XII

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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

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

4a 4b

2a

2b

2c

2d

4b

Explanation

4c

199.883

2e

3

4c

5

Page 4

816,154

4,462,639

4,462,639

4,183,373

199,883

3.983.490

3,983,490

Schedule D (Form 990) 2015

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 03-6010485

Name: THE BRATTLEBORO DEVELOPMENT CREDIT CORP

Supplemental Information Return Reference

Explanation	
-------------	--

PART X, LINE 2

BDCC FOLLOWS FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FASB ASC 740-10 DID NOT HAVE A MATERIAL IM PACT ON BDCCS FINANCIAL STATEMENTS BDCCS FEDERAL FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER FI LING BDCC RECOGNIZES INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AN D PENALTIES THAT ARE INCLUDED WITHIN REPORTED EXPENSES DURING THE YEAR ENDED JUNE 30, 201 7, BDCC HAD NO INTEREST OR PENALTIES ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS

Supplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D - OTHER ADJUSTMENTS	SUBSIDIARY REVENUE						

upplemental Information								
Return Reference	Explanation							
PART XII, LINE 2D - OTHER ADJUSTMENTS	SUBSIDIARY EXPENSES							

S

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efile GRAPHIC print - DO NOT PROCESS Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

DLN: 93493348010537 OMB No 1545-0047

epartment of the reasury nternal Revenue Service		► Inform	nation about Schedul	► Attach to Form e I (Form 990) and its		w.irs.gov/form990.		Inspection
ame of the organization HE BRATTLEBORO DEVE	ELOPMEN	T CREDIT CORP					Employer identifica	tion number
Part I General I	Informa	ation on Grants	and Assistance				03-6010485	_
Does the organizat the selection criteri Describe in Part IV	ion main ia used to the orga Other A	tain records to subso o award the grants anization's procedur assistance to Dom	stantiate the amount of or assistance? es for monitoring the us estic Organizations a	se of grant funds in the Ur	ited States		e, and on Form 990, Part IV, line	☐ Yes ☑ No
that received (a) Name and address organization or government		han \$5,000 Part II (b) EIN	can be duplicated if add (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ee Addıtıonal Data Table	e							
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
			-	s listed in the line 1 table .				

As Filed Data -

Schedule I (Form 990) 2016					Page 2
	tance to Domestic Individu	ials. Complete if the org	ganızatıon answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assistance		(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Inf	formation. Provide the in	formation required in	Part I, line 2, Part III	, column (b), and any other a	additional information.
Return Reference E	xplanation				

Schedule I (Form 990) 2016

Additional Data

BREAD LOAF CORPORATION

500 EAST PRATT ST STE 200

1293 ROUTE 7 SOUTH

COHN REZNICK LLP

MIDDLEBURY, VT 05753

BALTIMORE, MD 21202

Software ID: **Software Version:**

03-0220393

22-1478099

EIN: 03-6010485

Name: THE BRATTLEBORO DEVELOPMENT CREDIT CORP

6,424

5,000

Form 990,Schedule I, Part	: II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	c Governments.	
(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				accietance	other)

ons and Domesti	ic Governments.
(e) Amount of non-	(f) Method of value
	(basic CMA)/ sassas

(g) Description of non-cash assistance

(h) Purpose of grant

CHROMA TECHONOLGY

CHROMA TECHNOLOGY

CORP EXPANSION

CORP EXPANSION

PROJECT

PROJECT

or assistance

or government other) assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-8147017 10.150 DIBERNARDO ASSOCIATES CHROMA TECHNOLOGY CORP EXPANSION

CORP EXPANSION

PROJECT

LLC
PO BOX 52
BELLOS FALLS, VT 05101

DOWNS RACHLIN MARTIN 03-0253168

CHROMA TECHNOLOGY

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

PLLC

199 MAIN STREET

BURLINGTON, VT 05402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

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

M&S DEVELOPMENT

BRATTLEBORO, VT 05302

PO BOX 1586

47-5245800

GEODESIGN INC PO BOX 699 WINDSOR, VT 05089	06-1417962	6,025		CHROMA TECHNOLOGY CORP EXPANSION PROJECT

CHROMA TECHNOLOGY

PROJECT

100,107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

CORP EXPANSION

PROJECT

				l
MONDO MEDIA WORKS	81-1989543	6,910		GREEN BUILDING
74 COTTON MILL HILL				CLUSTER
BRATTLEBORO, VT 05301				l

STEVENS & ASSOCIATES 96-1579646 15,567 ICHROMA TECHNOLOGY

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

PO BOX 1586

BRATTELBORO, VT 05301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

CORP EXPANSION

PROJECT

THE HOME DEPOT 185 HIGH RIDGE RD PROCTORVILLE, VT 05153	04-3830371	20,368		CDBG-DR1
TRUEXCULLINS	03-0235393	242,802		CHROMA TECHNOLOGY

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

209 BATTERY STREET

BURLINGTON, VT 05403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance USBCDC 41-1917892 25.000 CHROMA TECHNOLOGY

PROJECT

1307 WASHINGTON AVE STE CORP EXPANSION PROJECT 300 ST LOUIS, MO 63103

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

40 IDX DR BLVD 100 STE 200

S BURLINGTON, VT 05403

VANASSE HANGEN BRUSTLIN 04-2931679 61.922 CHROMA TECHNOLOGY INC CORP EXPANSION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

CLUSTER

VERMONT RURAL VENTURES 100 BANK ST STE 400 BURLINGTON, VT 05401	36-4742480	10,000			CHROMA TECHNOLOGY CORP EXPANSION PROJECT
	1	l	I	I	

VITAL ECONOMY INC 01-0674148 43,200 GREEN BUILDING

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

PO BOX 314

RIDERWOOD, MD 21139

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

CONTRIBUTION

SEVEDS 50.000 46-2760132 IBDCC ANNUAL

74 COTTON MILL HILL

BRATTELBORO, VT 05301

efile GRAPHIC	C print - DO NO	T PROCES	S As F	iled Data -					DI	-N: 93	4933	4801	0537
Schedule L (Form 990 or 990	-EZ)		► Compl rm 990, Pa	ns with I lete if the orga art IV, lines 2! 1990-EZ, Part	anization ans 5a, 25b, 26, 2	swered 27, 28a, 28b,		с,				1545-0	
Department of the Trea Internal Revenue Servi	isurv	ormation ab	► Attac	ch to Form 99 ule L (Form 99 www.irs.gov	0 or Form 99 00 or 990-EZ	0-EZ.	ructior	ıs is	at		pen	to Pul	blic
Name of the orga		DIT CORP						•	yer ide 0485	entifica			
	ss Benefit Trai												
) Name of disquali			Relationship be	rt IV, line 25a or 25b, or Form 990-EZ, Part V, li between disqualified person and organization (c) Descrip transact		escrip	tion of) Corre	cted?		
Part II Loa Com repo (a) Name of	mount of tax, if an ans to and/or possible if the organ orted an amount of (b) Relationship with organization	From Inter ization answe n Form 990, I (c) Purpose	ested Per red "Yes" or Part X, line (d) Loan	rsons. n Form 990-EZ, 5, 6, or 22				t IV, In	(Appro boa	h) ved by rd or	(janizati i)Writto jreeme	en
			То	From			Yes	No	comn Yes	No No	Yes	N	
			· -										
Total Part III Gra	nts or Assista:	nce Benefit	ing Inter		≻ \$ ns.								
Com	nplete if the orga rested person (b	anization an	swered "Yo between n and the		990, Part IV,	(d) Type	of assis	stanc	e	(e) Pu	rpose (of assis	tance
						1							

Additional Data

Software ID:

Software Version:

EIN: 03-6010485

Name: THE BRATTLEBORO DEVELOPMENT CREDIT CORP

TRUSTEES AND IS A BOARD MEMBER OF THE LENDING

AGENCY

Form 990, Schedule L, Part IV - Bus (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) MARK RICHARDS	TRUSTEE	87,900	ABOUT \$87,900 WAS PAID TO AN INSURANCE BROKERAGE FIRM WHICH IS PARTIALLY OWNED BY MARK RICHARDS, WHO IS A MEMBER OF BDCC'S BOARD OF TRUSTEES		No	
(1) MARK RICHARDS	TRUSTEE	381,219	BDCC HAS TWO LOANS WITH OUTSTANDING BALANCES TOTALING \$381,219 DUE TO ONE LENDER MARK RICHARDS IS A MEMBER OF BDCC'S BOARD OF		No	

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No (3) BOB STEVENS TRUSTEE 18,700 APPROXIAMTELY \$18,700 WAS No PAID TO AN ENGINEERING FIRM No

BY BDCC TRUSTEES CRAIG MISKOVICH AND BOB STEVENS

			WHICH IS OWNED BY BOB STEVENS, WHO IS A MEMBER OF BDCC'S BOARD OF TRUSTEES	
(1) M&S DEVELOPMENT	TRUSTEES	/	BDCC PAID APPROXIMATELY \$161,200 TO M&S DEVELOPMENT, A COMPANY THAT IS CO-OWNED	

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (e) Sharing (b) Relationship (c) Amount of between interested transaction of person and the organization's organization revenues? Yes No (5) CRAIG MISKOVICH TRUSTEE 20,900 BDCC PAID APPROXIMATELY Nο \$20,900 FOR LEGAL SERVICES TO DOWNS RACHLIN MARTIN PLLC, A LAW FIRM AT WHICH CRAIG MISKOVICH SERVES AS DIRECTOR (1) MESABI INC TRUSTEES 2,000,000 BDCC AND MESABI, INC. ARE No RELATED PARTIES BY WAY OF TWO COMMON BDCC BOARD MEMBERS, ONE OF WHOM IS THE PRESIDENT OF BDCC (CRAIG MISKOVICH) AND ONE OF WHOM IS THE VICE PRESIDENT OF BDCC (BOB STEVENS), AND ONE COMMON SEVEDS BOARD MEMBER THE SEVEDS BOARD MEMBER, WHO IS ALSO AN OWNER OF MESABI, INC , IS MARRIED TO A BDCC BOARD MEMBER, TAMMY RICHARDS

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (7) TAMMY RICHARDS TRUSTEE 2.497.805 BDCC HAS MULTIPLE LOANS. Nο WITH OUTSTANDING BALANCES TOTALING \$2,137,835 DUE TO ONE LENDER THIS LENDER HASON BOARD MEMBER, TAMMY RIHARDS, IN COMMON WITH

BDCC

efile GRAPH:	C print - DO NOT PROCESS As Filed Data -	DLN:	93493348010537
SCHEDUL	E O Supplemental Information to Form 9	90 or 990-F7	OMB No 1545-0047
(Form 990 or EZ) Department of the Tr	cific questions on information.	2016 Open to Public Inspection	
	DEVELOPMENT CREDIT CORP O, Supplemental Information	Employer ident 03-6010485	ification number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 2	MARK W RICHARDS, TRUSTEE, IS RELATED TO TAMMY RICHARDS, BC OWNER OF RICHARDS, INC, WHICH IS THE ORGANIZATION'S INSURAN DIRECTOR OF THE ORGANIZATION'S PRINCIPAL BANKING INSTITUTIOI OF THE ORGANIZATION'S PRINCIPAL BANKING INSTITUTION CARL LY! HAT HAS LENT FUNDS TO THE ORGANIZATION, HAS PARTICIPATED IN HOLDS INTEREST-BEARING CASH FUNDS OF THE ORGANIZATION	CE AGENCY MARK RICHAF I DEBORAH BOYLE IS AN C IDE IS AN OFFICER OF A BA	RDS IS A DFFICER NNK T

990 Schedule O, Supplemental Information

Return

Peference

Kelelelice	
FORM 990,	THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION IT HAS APPROXIMATELY 110 MEMBERS CONSISTING
PART VI,	OF REPRESENTATIVES OF TOWNS THROUGHOUT WINDHAM COUNTY, VERMONT, AND REPRESENTING BUSINESS
SECTION A,	ES, COMMUNITY, EDUCATION, AND GOVERNMENT INTERESTS THE MAJOR ACTIVITY OF MEMBERS IS ELECT
LINE 6	I ION OF TRUSTEES, MEMBERS MEET APPROXIMATELY TWO TIMES PER YEAR

Explanation

Return Explanation
Reference

LINE 7B

FORM 990, MEMBER APPROVAL IS REQUIRED FOR REMOVAL OF TRUSTEES
PART VI,
SECTION A.

Return Explanation
Reference

FORM 990, A DRAFT OF FORM 990 WITH ALL ATTACHMENTS WAS DISTRIBUTED TO THE TRUSTEES IN ADVANCE OF A M
PART VI, EETING TO DISCUSS THE FILINGS TRUSTEES INPUT WAS SOUGHT AND APPROPRIATE ADDITIONAL DISCLO
SECTION B, SURES AND CORRECTIONS WERE MADE
LINE 11B

Return Explanation
Reference

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

Return Explanation
Reference

FORM 990,	THE TRUSTEES APPOINT A COMPENSATION COMMITTEE TO REVIEW THE EXECUTIVE DIRECTOR'S PERFORMAN
PART VI,	CE COMPARED TO AN ANNUAL PLAN THE COMMITTEE BRINGS ITS RECOMMENDATIONS TO THE TRUSTEES FO
SECTION B,	R APPROVAL KEY EMPLOYEES ARE REVIEWED IN A SIMILAR MANNER BY THE EXECUTIVE DIRECTOR TRUS
LINE 15	TEES MONITOR COMPENSATION FOR ALL KEY EMPLOYEES BUT GIVE AUTHORITY TO THE EXECUTIVE DIRECT
	OR TO DETERMINE COMPENSATION COMPENSATION IS COMPARED TO OTHER SIMILAR LOCAL DEVELOPMENT
	CORPORATIONS

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation Reference

FORM 990. THE TRUSTEES HAVE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND

PART XII. SELECTION OF AN INDEPENDENT ACCOUNTANT LINE 2C

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Schedule R (Form 990) 2016

Employer identification number

DLN: 93493348010537 OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BRATTLEBORO DEVELOPMENT CREDIT CORP

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

03-6010485 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state End-of-year assets Primary activity Total income or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512 or foreign country) (if section 501(c)(3)) entity (b)(13)controlled entity? Yes No (1) SOUTHEASTERN VERMONT ECONOMIC DEVELOPMENT STRATEGIES INC TO REVERSE ECONOMIC VT 501(C)(6) THE BRATTLEBORO Yes 76 COTTON MILL HILL DECLINE OF SOUTHERN DEVELOPMENT CREDIT VERMONT BY DEVELOPING CORPORATION BRATTLEBORO, VT 05301 THE REGION 46-2760132 (2) TO PURCHASE AND IMPROVE A VT 501(C)(6) THE BRATTLEBORO Yes BRATTLEBORO DEVELOPMENT CREDIT CORPORATION REAL ESTATE HOLDINGS INC MANUFACTURING FACILITY DEVELOPMENT CREDIT 76 COTTON MILL HILL CONSISTING OF TWO CORPORATION BUILDINGS BRATTLEBORO, VT 05301 81-0687884 (3) TO PURCHASE AND IMPROVE A VT THE BRATTLEBORO 501(C)(6) Yes BRATTLEBORO DEVELOPMENT CREDIT CORPORATION REAL ESTATE HOLDINGS II MANUFACTURING FACILITY DEVELOPMENT CREDIT AND ADJACENT PARCEL OF CORPORATION 76 COTTON MILL HILL LAND BRATTLEBORO, VT 05301 81-3578784

Cat No 50135Y

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or	(k) Percenta ownersh
								Yes	No		Yes	No	
									+				
									+				
Identification of Related Organ because it had one or more relate						ization ans	wered "Yes	on F	orm 9	 90, Part IV,	line	34	
		s a corporation		st during th	(d) controlling Typentity (C of	(e)	wered "Yes (f) Share of total Income	Share	(g) e of end- year assets	(h) ntage	 Se (1	L3) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percer) ntage	 Se (1	ection 5: 13) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percer) ntage	 Se (1	ection 5: 13) conti entity
(a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percer) ntage	 Se (1	ection 5: 13) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percer) ntage	 Se (1	ection 5 13) cont entity
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because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percer) ntage	 Se (1	ection 5 13) cont entity

Schedule R (Form 990) 2016				F	Page 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on	n Form 990, Part	IV, line 34, 35b,	or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Ye	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organ	nizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
b Gift, grant, or capital contribution to related organization(s)				1b Yes	<i>;</i>
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	No
f d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)			•	1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q Yes	;
${f r}$ Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	ncluding covered re	elationships and tran	saction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt involv	ed

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		section		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	nare of Share of total end-of-year	g) (h) Ire of of-year sets (h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No	! ,		Yes	No		Yes	No					
										Schedul	e R (Form	1 990	0) 2016				

