** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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.

Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	pprox 2022 calendar year, or tax year beginning $$ JUL $$ $$ 1 $$, $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and ending	JUN 30, 2023	
B c	heck if pplicabl	C Name of organization	D Employer identific	cation number
	Addre	MIDDLEBURY TRANSITIONAL CARE COALITION		
	Name chang	CHARMED HOUSE COALIMION INC	56-25318	0.2
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return	27 морти от басами спреби	(802)388	
	termin ated		G Gross receipts \$	741,498.
	Amen		H(a) Is this a group re	
	Application	F Name and address of principal officer: ILLLDI LACEI	for subordinates	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	
IT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		list. See instructions
J۷	Vebsi	/-	H(c) Group exemptio	n number
K F	orm of	organization: X Corporation Trust Association Other Ly	Year of formation: 2005	A State of legal domicile: VT
	ırt I	Summary		
•	1	Briefly describe the organization's mission or most significant activities: EMERGENC		
ü		INDIVIDUALS, DAILY COMMUNITY MEAL PROGRAM AND	SOCIAL SERVI	CES.
rna	2	Check this box if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	
ove			3	12
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)		12
es 8		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		21
ĭŧi		Total number of volunteers (estimate if necessary)		0
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ē	ı	Contributions and grants (Part VIII, line 1h)	133,185.	735,507.
Ju J	l	Program service revenue (Part VIII, line 2g)	0.	0. 5,991.
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,154.	5,991.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,339.	741,498.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,339.	741,490.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	4.5	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	227,668.	533,447.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
en en	h	Total fundraising expenses (Part IX, column (D), line 25) 2,573.	· ·	<u> </u>
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	82,568.	224,965.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	310,236.	758,412.
		Revenue less expenses. Subtract line 18 from line 12	-173,897.	-16,914.
- Se	10	Trevende lead expenses. Outstact line 10 from line 12	Beginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	1,468,054.	1,472,479.
Asse	21	Total liabilities (Part X, line 26)	46,367.	54,319.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1,421,687.	1,418,160.
	rt II	Signature Block	, ,	, ,
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sign	า	Signature of officer	Date	
Her	е	HEIDI LACEY, EXECUTIVE DIRECTOR		
		Type or print name and title	15.	
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		CONNIE FELLION CONNIE FELLION	11/14/23 self-employ	
Prep		Firm's name MCSOLEY MCCOY & CO.	Firm's EIN 0	3-0327374
Use	Unly	Firm's address 118 TILLEY DRIVE, STE. 202		00) CEO 1000
		SOUTH BURLINGTON, VT 05403	Phone no. (8	02) 658-1808
May	the If	RS discuss this return with the preparer shown above? See instructions		X Yes No

Pal	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	PROVIDE EMERGENCY SHELTER FOR INDIVIDUALS WHO HAVE BECOME HOMEL	
	AND A COMMUNITY MEAL PROGRAM 7 DAYS PER WEEK AND SOCIAL SERVICE	S CASE
	MANAGEMENT AND REFERRALS AS REQUESTED.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
J	If "Yes," describe these changes on Schedule O.	103110
	· · · · · · · · · · · · · · · · · · ·	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 6	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$456,515. including grants of \$) (Revenue \$)
	CHARTER HOUSE HOUSING	
4b	(Code:) (Expenses \$)
	COMMUNITY MEAL PROGRAM/FOOD PROGRAM.	
		_
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 483,867.	
		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1 Is	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
lf	"Yes, " complete Schedule A	1	Х	
	s the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	bid the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	ublic office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	uring the tax year? If "Yes," complete Schedule C, Part II	4		Х
	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	imilar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	rovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
		7		х
	ne 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? If "Yes," complete			Х
	Chedule D, Part III	8		
	bid the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	mounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	"Yes," complete Schedule D, Part IV	9		_X_
	old the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	r in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11 If	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	s applicable.			
a D	oid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
P	Part VI	11a	X	
b D	oid the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
as	ssets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c D	oid the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
as	ssets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	oid the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
Р	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	oid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	ne organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	oid the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
	Vas the organization included in consolidated, independent audited financial statements for the tax year?			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
		, , , a		
	hid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business	!		
	olid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	nvestment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
	nvestment, 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	14b		X
15 D	nvestment, 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			
15 D	nvestment, 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	14b		x
15 D fo 16 D	nvestment, 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any oreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Х
15 D fc 16 D	nvestment, 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any oreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
15 D fc fc fc or fc	nvestment, 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any preign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	15		X X
15 D for	nvestment, 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	15		Х
15 D fc 16 D or 17 D cc 18 D	nvestment, 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	15 16 17		х х х
15 D for	nvestment, 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	15		X X
15 D for	nvestment, 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	15 16 17 18		x x x
15 D fc 16 D or 17 D cc 18 D 10 19 D cc	nvestment, 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	15 16 17 18		x x x x x x
15 D for	nvestment, 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	15 16 17 18 19 20a		x x x
15 D fc fc fc fc fc fc fc	nvestment, 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	15 16 17 18		x x x x x x
15 D for	nvestment, 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	15 16 17 18 19 20a		x x x x x x

Page 4

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	23		X
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		-25
28	instructions for applicable filing thresholds, conditions, and exceptions):			
_				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ### Control of the Control of	200		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩.
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
232004	4 12-13-22	Form	990	(2022)

Form 990 (2022) MIDDLEBURY TRANSITIONAL CARE COALITION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2 a	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	2a	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
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 A	ccour	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
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	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	r 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 set	vices	provided to the payor?	7a		X
	, , , , , , , , , , , , , , , , , , , ,			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	 T		7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a_		
				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	0	10a				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[100				
	Gross income from members or shareholders	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

232005 12-13-22

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

					X						
Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other									
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the										
			3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 99				Х						
5	Did the organization become aware during the year of a significant diversion of the organization's asset	**********			Х						
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app										
	more members of the governing body?		7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto										
	persons other than the governing body?	·	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?	,	8a	Х							
b	Each committee with authority to act on behalf of the governing body?			Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		····· U								
•	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O		9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code)	•	ı							
	(This occitor B reguests information about policies not required by the internal new	renae Gode.j		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such cha										
		, , , , , , , , , , , , , , , , , , , ,	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	· ·									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo										
	on Schedule O how this was done	,	12c	Х							
13	Did the organization have a written whistleblower policy?				Х						
14	Did the organization have a written document retention and destruction policy?		14		Х						
15	Did the process for determining compensation of the following persons include a review and approval										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
а	The organization's CEO, Executive Director, or top management official		15a		Х						
	Other officers or key employees of the organization				Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a									
	taxable entity during the year?		16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's									
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(c)(3)s only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain	on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of interest policy	, and finan	cial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records									
	JASMINE ALMEIDA - (802)989-8621										
	27 NORTH PLEASANT STREET, MIDDLEBURY, VT 05753										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per	more rson i	than s bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HEIDI LACEY	40.00	1						F0 240	_	2 600
EXECUTIVE DIRECTOR	00.00		_	Х			_	78,342.	0.	3,622.
(2) WALTER STRUGIS	20.00	ļ		l						•
PRESIDENT		Х		Х				0.	0.	0.
(3) TIMOTHY KING	2.50	l								
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) GRETCHAN BAILEY	2.50	l								
TREASURER		Х		Х				0.	0.	0.
(5) MARY GILL	2.50	l								
SECRETARY		Х		Х				0.	0.	0.
(6) JON ANDREWS	2.50	ļ								
DIRECTOR		Х						0.	0.	0.
(7) DOTTIE NEUBERGER	2.50	1								
DIRECTOR		Х						0.	0.	0.
(8) MARY JANE NOTTONSON	2.50	1								
DIRECTOR		Х						0.	0.	0.
(9) SUE SEARS	2.50	1								
DIRECTOR		Х						0.	0.	0.
(10) JANE STEELE	2.50	1								_
DIRECTOR		Х						0.	0.	0.
(11) VICKY WIDEMAN	2.50	1							_	
DIRECTOR		Х						0.	0.	0.
(12) GARRETT HEWES	2.50	1							_	
DIRECTOR (START 2022)		Х						0.	0.	0.
(13) JACKIE LORE	2.50	1							_	
DIRECTOR (START 2022)		Х						0.	0.	0.
(14) KATHLEEN BOE	2.50	1							_	
DIRECTOR (TERM 2022)		Х						0.	0.	0.
(15) BRUCE BYERS	2.50	1								_
DIRECTOR (TERM 2022)		Х						0.	0.	0.
(16) DEBORAH VENMAN	2.50	1								_
DIRECTOR (TERM 2022)		Х					L	0.	0.	0.
		1								

Form **990** (2022)

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
The Subtotal to Total form continuation sheets to Part VIII, Section A 1 Total faddlines from the organization of the calendar year ending with or within the organization or individual for services and related online 1a, is the sum of reportable compensation from the organization or individual for such part with \$150,000 or fewer than \$150,	(A)	(B)							(D)	(E)		(F)
The Subtotal Transfer of Individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation and earlier organizations. The Subtotal Sub	Name and title	1	(do					one	Reportable	Reportable		Estir	nated
the Subtotal state of the compensation from the organization of individual from the organization of the collection of the organization from the or		•	box	, unles	ss per	son i	s both	n an	· ·		- 1		
The Subtotal Table of the Companization of the Comp				Cei aii	u a ui	I ecto	I	(66)					
to Subtotal To Su		, ,	recto							•		•	
to Subtotal To Su			or di	ee			ated		1 "	•	.C/		
to Subtotal To Su			ustee	trust		e e	Suedic		,	1099-NEC)		•	
to Subtotal To Su		~	ual tr	tional		ploye	t con	_	1099-NEC)				
to Subtotal To Su			divid	ıstitu	fficer	ey em	ighes	orme				organi	Zations
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation		,	=	=	0	¥	Ξ 0	ш.					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation													
d Total (add lines 1b and 1c) 3, 622. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No											_	3	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation \$100,000 of compensation from the organization of the calendar year ending with or within the organization's tax year.												2	
compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation A													,022.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE (B) OC Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from th	-	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			(
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	compensation from the organization											Υ	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3 Did the organization list any former officer,	director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
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 individual	line 1a? If "Yes," complete Schedule J for si	uch individual									L	3	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	•												
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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		[4	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization													
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		plete Schedule	e J fo	or su	ıch r	oers	on .					5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		mponeated inc	lono	ndor	nt cc	ntr	actor	rc th	nat received more than \$	100 000 of comp	oncat	ion from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation 0											crisat	1011 110111	l
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization	Name and business	address	NC	ONE	3			_	Description of s	ervices	C	ompens	ation
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization								\dashv					
\$100,000 of compensation from the organization													
Troops of some stream in the stream of the s			ot lin	nited	l to t	_		ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	zation										QC	00,000

Form 990 (2022) MIDDLEB
Part VIII Statement of Revenue

			Check if Schedule O contains a	a response o	or note to any lin	e in this Part VIII			
					· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a	29,050.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		23,0300				
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi					452,082.				
ns, Sirr			Government grants (contributions)		432,002.				
utic		T	All other contributions, gifts, grants, and		254,375.				
ĕ			similar amounts not included above \dots		234,373.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		725 507			
O g		n	Total. Add lines 1a-1f		B	735,507.			
					Business Code				
ce	2	а							
ervi		b							
ı S.		С							
ran 3ev		d							
Program Service Revenue		е							
<u>a</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)			5,991.			5,991.
	4		Income from investment of tax-exer						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Not rental income or (less)						
			` '	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>e</u>			and sales expenses 7b						
her Revenue		c	Gain or (loss) 7c						
Şe.			Net gain or (loss)						
e F			Gross income from fundraising events	I					
Ğ.	Ü	u	including \$	•					
			contributions reported on line 1c). S	_					
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraisir						
			Gross income from gaming activitie	-					
	9	а	Part IV, line 19	I .					
		h	Less: direct expenses						
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less return						
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of in	nventory					
જ	٠.				Business Code				
eor re	11								
Miscellaneous Revenue		b							
Se.		С							
Ξ			All other revenue						
			Total. Add lines 11a-11d			741 400	^	^	F 001
	12		Total revenue. See instructions			741,498.	0.	0.	5,991.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			<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) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				<u> </u>
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,684.	41,708.	50,976.	
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	356,098.	271,916.	84,182.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,866.	28,914.	8,952.	
10	Payroll taxes	46,799.	33,701.	13,098.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	16,964.	11,764.	5,200.	
С	Accounting	18,815.		18,815.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,135.		3,135.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	18,029.	2,752.	15,277.	
14	Information technology				
15	Royalties				
16	Occupancy	66,287.	26,534.	39,753.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	15 404	10 001	4 562	
22	Depreciation, depletion, and amortization	15,484. 19,600.	10,921.	4,563.	
23	Insurance Other expanses Itamize expanses not expand	19,000.		19,000.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	26 525	00 004	0 202	
	MISCELLANEOUS	36,707.	28,384.	8,323.	0.
b	FOOD	27,371.	27,273.	98.	0.
С	<u>FUNDRAISING</u>	2,573.	0.	0.	2,573.
d					
e	<u> </u>	750 /10	102 067	271 072	2 572
<u>25</u>	Total functional expenses. Add lines 1 through 24e	758,412.	483,867.	271,972.	2,573.
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)				
	11 IOIIOWING SUP 98-2 (ASC 998-720)				Form 990 (2020

Form **990** (2022)

Part A	•	Datalice Sileet					
		Check if Schedule O contains a response or no	ote to any	y line in this Part X	(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			441,335.	1	373,433
2		Savings and temporary cash investments			•	2	,
3		Pledges and grants receivable, net			41,748.	3	41,297
4		Accounts receivable, net		95,501.	4	162,736	
5		Loans and other receivables from any current of			-		
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
6	3	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
_ω 7		Notes and loans receivable, net				7	
Assets		Inventories for sale or use				8	
8 g		Prepaid expenses and deferred charges			2,080.	9	2,080
10		Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D	10a	608,719.			
	b	Less: accumulated depreciation		58,694.	560,659.	10c	550,025
11		Investments - publicly traded securities			326,731.	11	342,908
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 eq			1,468,054.	16	1,472,479
17	7	Accounts payable and accrued expenses	40,604.	17	48,556		
18		Grants payable		18			
19		Deferred revenue			5,763.	19	5,763
20)	Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
ທ 22	2	Loans and other payables to any current or for	mer offic	er, director,			
i <u>≓</u> ∣		trustee, key employee, creator or founder, subs	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
בֿ בֿ	3	Secured mortgages and notes payable to unre	lated thir	d parties		23	
24	1	Unsecured notes and loans payable to unrelate	ed third p	oarties		24	
25	5	Other liabilities (including federal income tax, p	ayables [.]	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
26	3	Total liabilities. Add lines 17 through 25			46,367.	26	54,319
		Organizations that follow FASB ASC 958, ch	eck here	e X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>E</u> 27	7	Net assets without donor restrictions			1,421,687.	27	1,418,160
<u>සි</u> 28	3	Net assets with donor restrictions		<u></u>		28	
[]		Organizations that do not follow FASB ASC	958, che	eck here			
[and complete lines 29 through 33.					
ັ _ຍ 29	9	Capital stock or trust principal, or current funds			29		
š 30)	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
Net Assets or Fund Balances 25 8 25 8 31 32 8 8 2 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9		Retained earnings, endowment, accumulated i			4 404 40=	31	4 44 5 4 5 5
<u>a</u> 32	2	Total net assets or fund balances		<u> </u>	1,421,687.	32	1,418,160.
33	3	Total liabilities and net assets/fund balances			1,468,054.	33	1,472,479. Form 990 (2022

Form **990** (2022)

Pa	t XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
			5 .4		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,49	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		6 , 9:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,42		
5	Net unrealized gains (losses) on investments	5	1	3,3	<u>87.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,41	8,1	<u>60.</u>
Pa	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MIDDLEBURY TRANSITIONAL CARE COALITION

56-2531802

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	organ	nization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)			
1		•	•	•	•	•	ινανί)		
2	H		church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
	H	A scribol described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
3	H								
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a land-grant	college	
		or university or a non-land-g				-	-	-	
		university:	y g · - · g · · -			···-,	,		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees an	d gross receipts from	
		activities related to its exen							
		income and unrelated busin		•				•	
				(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter durie 30, 1973.	
44		See section 509(a)(2). (Col		valv to toot for public on	fatu Caa	aaatian E(20(=)(4)		
11	Н	An organization organized a							
12		An organization organized a	•	•	-		•		
		more publicly supported or	-					Sneck the box on	
		lines 12a through 12d that					, ,		
а	ı		· · · · · · · · · · · · · · · · · · ·	•	•	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting	
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b)		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing	
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
c	ı 🗀	Type III non-functionally	, integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness	
		requirement (see instructi	ions). You must con	nplete Part IV. Sections	A and D.	and Part	V .		
e	, [Check this box if the orga	•	= '					
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Ente	er the number of supported of	• •	nan, musgratsa sappera					
		vide the following information		d organization(s)					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					
	-1							 	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	589,650.	604,867.	761,562.	133,185.	735,507.	2824771.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	589,650.	604,867.	761,562.	133,185.	735,507.	2824771.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						10,033.
6	Public support. Subtract line 5 from line 4.						2814738.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	589,650.	604,867.	761,562.	133,185.	735,507.	2824771.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	30,820.	42,089.	29,859.	3,154.	5,991.	111,913.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2936684.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, c	column (f))		14	95.85 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	93.95 %
	33 1/3% support test - 2022. If the					ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	he facts-and-circum	stances test, ched	ck this box and st	t op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
					<u></u>		(Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to 						
include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to 						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to					1	
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to						
 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to 						
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
iness under section 513 Tax revenues levied for the organization's benefit and either paid to						
Tax revenues levied for the organization's benefit and either paid to						
ization's benefit and either paid to						
· I						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
		1		I	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	•		•		. , . ,	· —
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2022 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	
16 Public support percentage from 2021					16	(
Section D. Computation of Inves	tment Income	e Percentage			, ,	
17 Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	(
18 Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	' is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, chec						
	n did not check a					

Vas No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2022

232024 12-09-22

Sche	edule A (Form 990) 2022 MIDDLEBURY TRANSITIONAL CARE COALITION 56-25	3180	2 Pa	ige 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, · ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sac	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
	Alon 6. Type ii Supporting Organizations		· ·	
	More and the Charles and the Control of the Control		Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
200	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 2	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		Yes	No
1 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		Yes	No
1 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a		Yes	No
1 2 3	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		Yes	No
1 2 3	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2	Yes	No
1 2 3	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	Yes	No
1 2 3 Sec	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	3	Yes	No
1 2 3 Sec 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	3	Yes	No
1 2 3 Sec 1 a	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	3		No
1 2 3 3 Sec 1 a b	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	3		No
1 2 3 Sec 1 a b c	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	3	s).	
1 2 3 3 b c 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) and the part VI how you supported a governmental entity (see instructions).	3	s).	
1 2 3 3 b c 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Extion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	3	s).	
1 2 3 3 b c 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. **Ition E. Type III Functionally Integrated Supporting Organizations** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes,	3	s).	
1 2 3 3 b c 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (ii) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. **Supported organizations played in this regard.** **Etion E. Type III Functionally Integrated Supporting Organizations* **Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activ	3	s).	
1 2 3 3 b c 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Part VI how you supported a governmental entity (see in: Part VI how you supported a governmental entity (see in: Part VI how you supported a governmental entity (see in: Part VI how you supported a governmental entity (see in: Part VI how you supported a governmental entity (see in: Part VI how you supported a governmental entity (see in: Part VI how you supported a governmental entity	2 3	s).	
1 2 3 5 ec 1 a b c 2 a	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a,	2 3	s).	
1 2 3 5 ec 1 a b c 2 a	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities does of the organization's supported organization's involvement, one or more of the organ	2 3	s).	
1 2 3 5 ec 1 a b c 2 a	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a,	2 3	s).	

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

За

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations must					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see		
	instructions).			•		

Schedule A (Form 990) 2022

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

MIDDLEBURY TRANSITIONAL CARE COALITION

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

56-2531802

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

MIDDLEBURY TRANSITIONAL CARE COALITION

56-2531802

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 29,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>16,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MIDDLEBURY TRANSITIONAL CARE COALITION

56-2531802

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	0 2331002
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-15	-22		Schedule B (Form 990) (2022

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** MIDDLEBURY TRANSITIONAL CARE COALITION 56-2531802 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

56-2531802 MIDDLEBURY TRANSITIONAL CARE COALITION

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	r Accounts.	Complete if the	е
	Signification anomored 155 Girl Sim 555, Factor, inc	(a) Donor advise	ed funds	(b) Funds a	nd other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	eld in donor advised	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				. Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	historically impo	ortant land area	
	Protection of natural habitat	,	Preservation of a	• •		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contrib	ution in the form of	a conservation	easement on the	e last
	day of the tax year.				d at the End of the	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired at					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ng the tax	
	year		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and er	forcing conservation	n easements du	ring the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	nue and expense st	atement and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statemen	ts that describes	s the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Oth	er Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	enue statement and	d balance sheet	works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education	, or research in furt	herance of publi	С	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and ba	lance sheet wor	ks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthe	rance of public s	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>		
2	If the organization received or held works of art, historical trea			ain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1	-		\$ <u></u>		
	Assets included in Form 990, Part X			_		
LHA	For Paperwork Reduction Act Notice, see the Instructions				edule D (Form 9	990) 2022

232051 09-01-22

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		608,719.	58,694.	550,025.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	550,025.			

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	MIDDLEBURY	TRANSITIONAL	CARE COALITION	56-2531802 Page 3
Part VII		Other Securities.			
(a) Descrip		rganization answered "Yes" egory (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line	12. ost or end-of-year market value
., .			(b) Dook value	(c) Wethod of Valuation. Oc	ost of end-of-year market value
		ts		1	
3) Other	neid equity interest				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
		90, Part X, col. (B) line 12.)			
Part VIII	J	- Program Related.			
			1	11c. See Form 990, Part X, line	
	(a) Description of	of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	h) must squal Form 0	90, Part X, col. (B) line 13.)			
Part IX	Other Assets.	90, Fait A, Coi. (B) iiile 13.)	<u> </u>		
			on Form 990. Part IV. line	11d. See Form 990, Part X, line	15.
	•	<u> </u>	Description	,	(b) Book value
(1)			·		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDDLEBURY TRANSITIONAL CARE COALITION

Employer identification number 56-2531802

FORM 990, PART VI, SECTION B, LINE 11B:
ORGANIZATION'S PROCESS IS DIRECTORS REVIEW AND APPROVE FORM 990 BEFORE
FILING.
EODW 000 DADW MT GEOMEON D. LINE 10G.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST FORMS ARE SIGNED BY EACH BOARD MEMBER ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2022

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
1	27 PLEASANT STREET	06/30/18	SL	39.00	MM16	214,100.				214,100.	21,972.		5,490.	27,462.
3	BUILDING IMPROVEMENTS	12/31/18	SL	39.00	MM16	120,847.				120,847.	10,852.		3,099.	13,951.
4	BUILDING REPAIRS	12/31/19	SL	39.00	MM16	20,981.				20,981.	807.		538.	1,345.
5	BUILDING IMPROVEMENTS	12/31/19	SL	39.00	MM16	207,716.				207,716.	7,989.		5,326.	13,315.
6	REPAIRS	12/31/20	SL	39.00	MM16	26,025.				26,025.	1,029.		667.	1,696.
7	SLAB, BASEMENT DOOR & STAIRS	12/31/20	SL	39.00	MM16	14,200.				14,200.	561.		364.	925.
8	SHED	06/20/23	SL	20.00	16	4,850.				4,850.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS					608,719.				608,719.	43,210.		15,484.	58,694.
	* GRAND TOTAL 990 PAGE 10 DEPR					608,719.				608,719.	43,210.		15,484.	58,694.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					603,869.			0.	603,869.	43,210.			58,694.
	ACQUISITIONS					4,850.			0.	4,850.	0.			0.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					608,719.			0.	608,719.	43,210.			58,694.
	ENDING ACCUM DEPR										58,694.			
	ENDING BOOK VALUE										550,025.			

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

CONNENT TEAM FEDERAL MIDDEDONI INAMBILIONAL CANE CONDITION	- C1	URRENT	YEAR	FEDERAL	_	MIDDLEBURY	TRANSITIONAL	CARE	COALITIO
--	------	--------	------	---------	---	------------	--------------	------	----------

Asset No.	Description	Da [.] Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS												
		0630	18	SL	39.00	16	214,100.			214,100.	21,972.		5,490.
	BUILDING IMPROVEMENTS	123	118	SL	39.00	16	120,847.			120,847.	10,852.		3,099.
	BUILDING REPAIRS BUILDING	123	119	SL	39.00	16	20,981.			20,981.	807.		538.
		123	119	SL	39.00	16	207,716.			207,716.	7,989.		5,326.
	REPAIRS SLAB, BASEMENT DOOR	123	120	SL	39.00	16	26,025.			26,025.	1,029.		667.
		1233	120	SL	39.00	16	14,200.			14,200.	561.		364.
	SHED * 990 PAGE 10 TOTAL	0620	023	SL	20.00	16	4,850.			4,850.			0.
	BUILDINGS * GRAND TOTAL 990						608,719.		0.	608,719.	43,210.		15,484.
	PAGE 10 DEPR						608,719.		0.	608,719.	43,210.		15,484.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						603,869.		0.	603,869.	43,210.		
	ACQUISITIONS						4,850.		0.	4,850.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						608,719.		0.	608,719.	43,210.		