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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009, and ending

	G C	hec	k all	that apply	Initial return	Initi	al Return o	of a former p	ublic charity			Fina	al return	
					Amended retu	ırn		Address	change	Name	change			
-	Hse	e the								Α	[
	IRS label WM DEAN FAUSETT FOUNDATIO						N FOR THE PRESV			Ĺ_	03-0328057			
	Othe				ON OF GREE	TM N	BOY HI	STORY IN	IC	В	Telepho	ne number (see the	instructions)	
		rınt type	E	O BOX 894	ļ						802	362-1837		
	See S	beci	fic N	IANCHESTER	R, VT 05254	-0894				С	If exem	otion application is	pending, chec	k here -
	Instru											organizations, ched		►□
-	Н	Ch		ype of organiz	ation Y Sect	lion 501	(c)(3) eve	mpt private	foundation		•	organizations meet		est_check
	п	Ç!!!	lean	ype or organiz	nonexempt char					ndation	here an	d attach computation	n	´ ►
-		_ <u> </u>		et value of all asse			ounting m			ccrual		e foundation status		ed _
	•			t II, column (c), lin			Other (specif		2317			ection 507(b)(1)(A)		
	_	\$			•			d) must be o	n cash hasi	F		oundation is in a 60 ection 507(b)(1)(B)		lation -
ſ	Parl	_	ΙΛr		evenue and	(raiti,								
E	raii	×			total of amounts	s in		enue and s per books		nvestment ome		djusted net income		ursements Jaritable
			col	umns (b), (c),	and (d) may not	neces-	expense	s hei nooks	""	ome		income		poses
			sai	uly equal the a	mounts ın columi	n (a)			1				(cash b	asıs only)
۵				e the instruction		(111-)		32,427.	- 49		. 8	1,2%		
2010					grants, etc, received (· \$\		3	43		138	` `,	<u>^</u>
		-		-	foundn is not req to att vings and tempor		300	,C 1	127		1,63%	****	2	
တ			3	cash investme		ar y		35.	!	35	.	35.		
~ →			4		erest from securities			873.		873		873.	7. P.	4 <i>\\\\</i>
9			5a	Gross rents		i								. <i>3.4</i> /
AUG			b	Net rental income or (loss)			\$\hat{\gamma}{\gamma}) <i>(ii</i>	STATEM	ENT 1	·	· , , ;		0.4
_	R		6a		n sale of assets not on	line 10		-17,187.	**************************************	2/2: 1	22	\$11.48		3
\Box	E			Gross sales price f		380.		\$'s	2	. i	ź.	# Y		žű
	E		7. ^	assets on line 6a Capital gain net in-	come (from Part IV, lin	e 2)	X 2	\$ \$ ·		67		i` ,s \		* 4
5	N	- 1		Net short-term			3	* * * .	*** //	, , , v				y *'
6	ŭ		9	Income modifi	cations		. ,	* * .	,ajv	- (%) ;				
SCANNED			10 a	Gross sales less returns and			N. * .	₹ `			* * *			į.
Ō				allowances Less Cost of			· / * .				. 3	<u> </u>	12	24.7
_		Ì	D	goods sold			.6 ,0	· · · · · · · · · · · · · · · · · · ·	<u> </u>		22	· · · · · · · · · · · · · · · · · · ·	1	•
				Gross profit/(loss					ĵ.	<u> </u>			4,4	*
			11	Other income	(attach schedule)							<u> </u>	33
					11 1 1 1 1			16 140	ļ	075		908.		<u> </u>
		_	12 13	otal. Ared un	es 1 through 11			16,148. 32,401.	<u> </u>	975 12,960	•	906.		19,441.
				Other employees	y Lera Wallon Iruste	es, etc		32,401.	 	12,300	-			13/112
		A D M	14	tother employees	aranes auti wages	at			 					
			15	Sension Digns	employee beri	8°F					 			
			loa	Legal lees (attach	attach-sch) SEE	ST 2	ļ	1,295.		518				777.
		M	P	ACCOUNTING-TEES L	ateach-sch) SE FO	6T 3	<u> </u>	$\frac{1,293.}{5,400.}$	 	5,400		5,400.		
	0	Ņ		One Danes	than sch SEP	P		3,400.		3,400	-	3, 400.		-
	O P E R	STR				TM 4		2,495.		998	-			1,497.
	Ř	Ŗ	18 19	Taxes (attach schedule) Depreciation	· ·	\$117 A	ļ	2,433.	 	330	+		<u> </u>	-,
	Ą	A	13	sch) and depl	etion				1				. /	
	N G	V	20	Occupancy									ļ	
	G	E	21	Travel, confer	ences, and meet	ıngs		669.					ļ	669.
	A N D	E X P	22	Printing and p										
	Ď	ĝΙ	23	Other expens	es (attach schedu			2 414		508				1,906.
		E N			SEE STATEM		ļ	2,414.	 	308	•			1,900.
		S E S	24	Total operation	ng and administroid and and administroid and and and and and and and and and an	ative		44,674.		20,384		5,400.		24,290.
		8	25		ts, grants paid PAR'			38,450.		207001	/ *	<i>≩`</i> ¾		38,450.
					es and disburser		 	50, 300	T		1			-
				Add lines 24	and 25			83,124.		20,384		5,400.		62,740.
				Subtract line	26 from line 12:				- '4			*		4.
			a	Excess of rev	enue over exper	ises		-66,976.		*				•
				and disburse			 	-00,916.	-	0	 		 	
		Į			come (if negative, ente	•		-(-		+	0.	 	
				Adjusted net inco	me (if negative, enter	U-)	1		1					00 DE (0000



Form	990-	PF (2009) WM DEAN FAUSETT FOUNDATION FOR THE	E PRESV	03-032	28057 Page 2
in		Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End o	of year
Part		Balance Sheets (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	59,641.	55,823.	55,823.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts	man and and another		and the second s
	4	Pledges receivable			
		Less allowance for doubtful accounts		THE THE MALE THE SHEET AS A PERSON	The many Matter Arts on the second of
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	U	disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			,
Ą		Less allowance for doubtful accounts			
A S E T	8	Inventories for sale or use		<u> </u>	
Ē	9	Prepaid expenses and deferred charges			
Ś		Investments – U.S. and state government			
_		obligations (attach schedule)			
	t	Investments — corporate stock (attach schedule) STATEMENT 6	65,504.	14,182.	16,880.
		: Investments — corporate bonds (attach schedule) STATEMENT 7	20,131.	7,571.	7,941.
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	an a second to be seen to the second to the	remain real to the second of the second	
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) STATEMENT 8	6,871.	7,595.	7,595.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers -	152 147	OF 171	00 220
		see instructions. Also, see page 1, item I)	152,147.	85,171.	88,239.
Ī	17	Accounts payable and accrued expenses			-
A	18	Grants payable			-
B	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
+	21	Mortgages and other notes payable (attach schedule)		·	
<u>i</u>	22	Other liabilities (describe			-
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ΝF	24	Unrestricted			
E U T N	25	Temporarily restricted]
D	26	Permanently restricted]
A B S A E L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	-		
ĒĹ	27	Capital stock, trust principal, or current funds			
TA	28	Paid-in or capital surplus, or land, building, and equipment fund			1 .
С	29	Retained earnings, accumulated income, endowment, or other funds	152,147.	85,171.	-
O E R S	30	Total net assets or fund balances (see the instructions)	152,147.	85,171.	1
5	31	Total liabilities and net assets/fund balances	132,147.	03,111.	1
		(see the instructions)	152,147.	85,171.	,
Part		Analysis of Changes in Net Assets or Fund Balance	es		
1	Tota	I net assets or fund balances at beginning of year – Part II, colu of-year figure reported on prior year's return)	mn (a), line 30 (must a	gree with	152,147.
2		r amount from Part I, line 27a		2	-66, 976.
3		increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3		4	85,171.
5		ases not included in line 2 (itemize)		5	
6		I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), I	ine 30 6	85,171.

(a) List and descriptions 2-story brick wareho	How acquired — Purchase — Donation	(C) Date acquired (month, day year)	(d) Date sold (month, day, year)		
1a CAPITAL GAIN DIVID	ENDS		Donation		
b	21100				
C					
d					-
e		-			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) n	
a					
b					
<u>c</u>					
d					
e					
	owing gain in column (h) and owned b			(I) Gains (Col	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		gain minus column (an -0-) or Losses (f	rom column (h))
a				····	67.
b					
C					
d					
e					
2 Capital gain net income or (i	net capital loss)	enter in Part I, line 7 er -0- in Part I, line 7	2		67.
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)	and (6)			
If gain, also enter in Part I, I in Part I, line &	ine 8, column (c) (see the instructions) If (loss), enter -0-	3		0.
Part V Qualification Unde	er Section 4940(e) for Reduced	Tax on Net Investment	Income		
If 'Yes,' the foundation does not q	section 4942 tax on the distributable an ualify under section 4940(e) Do not cont it in each column for each year, see the	omplete this part	•	Yes	X No
(a)	(b)	(c)		(d)	····
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use asset	s (col	Distributio	n ratio by column (c))
2008	57,729.	163,	355.		0.353396
2007	69,889.	103,	933.		0.672443
2006	50,584.	241,	250.		0.209675
2005	49,809.	261,	591.		0.190408
2004	51,263.	249,	024.		0.205856
2 Total of line 1, column (d)			2		1.631778
	the 5-year base period— divide the to ion has been in existence if less than		3		0.326356
4 Enter the net value of nonch	aritable-use assets for 2009 from Part	X, line 5	4		
5 Multiply line 4 by line 3			5		
	income (1% of Part I, line 27b)		6		
	moonie (170 on 1 arc 1, mie 27 by				
7 Add lines 5 and 6			7		60.740
8 Enter qualifying distributions If line 8 is equal to or greate	from Part XII, line 4 In than line 7, check the box in Part VI	line 1h, and complete that r	8 art using a	1% tax rate Se	62,740.
Part VI instructions					
BAA				For	m 990-PF (2009)

			<u> 28057</u>		Р	age 4
Parl		see the	instruct	ions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here					
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)	İ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1	<u> </u>			0.
	check here. ► X and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	İ				
	foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	<u> </u>	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-	′ —	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u>;</u>			0.
6	Credits/Payments					
	2009 estimated tax pmts and 2008 overpayment credited to 2009					
	Exempt foreign organizations — tax withheld at source 6b	\dashv				
	Tax paid with application for extension of time to file (Form 8868) 6c	\dashv		, ,	4	
	Backup withholding erroneously withheld 6d					
_	Total credits and payments Add lines 6a through 6d	- 1-7				0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached		В			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
וו	Enter the amount of line 10 to be Credited to 2010 estimated tax	▶ 11	<u> </u>	-		
ran	VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did in participate or intervene in any political campaign?	t		1a	Yes	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any material.	s nublic	shed			
	or distributed by the foundation in connection with the activities	, publis	ii ieu			
c	Did the foundation file Form 1120-POL for this year?			1 c		Х
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				ì.	₹
	(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		0.			
€	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	sed on				
_	foundation managers \$ 0.					_v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If 'Yes.' attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, and of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	icles		3		X
4 -	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					X
	of Yes,' has it filed a tax return on Form 990-T for this year?			4a 4b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
,	If 'Yes,' attach the statement required by General Instruction T		İ	-,-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				٩	
U	By language in the governing instrument, or				*	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions the with the state law remain in the governing instrument? 	at confl	lict	6		 Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	X	
	Enter the states to which the foundation reports or with which it is registered (see the instructions)	-			- 1	
0.6	VT					
	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G² If 'No,' attach explanation</i> .			8b	X	
o		8) or 40	MOUNT		·	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' com	plete P	art XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses.	eir nan	nes	10		x

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Form **990-PF** (2009)

	990-PF (2009) WM DEAN FAUSETT FOUNDATION FOR THE PRESV	03-0328	<u> </u>	P	age 5
Par	t VII-A Statements Regarding Activities Continued				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	n application?	13	Х	
14	Website address ► N/A The books are in care of ► DORY FELDMANN Telephone	e no ► 305	661-7	508	
17	Located at > 5950 S.W. 112TH STREET MIAMI FL ZIP + 4 >			2 2 2 2	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	3323	N/A	<u>-</u>	\prod
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			N/A
Parl	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	During the year did the foundation (either directly or indirectly)				ł
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	•		ĺ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No	,	ñ.	:
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	1 1		l
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	,		ĺ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No)		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes XNo)		
t	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in				73
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruct	ons)/	1 b	N.	/A
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts that were not corrected before the first day of the tax year beginning in 2009?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No	,		
	If 'Yes,' list the years ► 20 , 20 , 20 , 20				ł
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4943 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)			- wahan	
	all years listed, answer 'No' and attach statement - see the instructions)		2b	N	/A
(the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years ≥ 20 , 20 , 20 , 20	here			
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X N	ο		
ŀ	o If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	ı ed		/* 	
	determine if the foundation had excess business holdings in 2009).		3b	N	/A
4 8	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		х
	a Did the foundation make any investment in a prior year (but offer December 21, 1960) that could				
ī	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			above - #0.04	-
	the tax year beginning in 2009?		4b		X
BAA			Form 99	0-PF	(2009)

Form 990-PF (2009) WM DEAN FAUSETT FO			03-032	28057 Page 6
Part VII-B Statements Regarding Activit	······	1 4/20 May Be Req	uirea (continuea)	
5a During the year did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt	=	n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	1 4955), or to carry		No 3
(3) Provide a grant to an individual for travel,	5 .	•	Yes X	No s
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	uctions)	Yes X	No S
(5) Provide for any purpose other than religio educational purposes, or for the prevention			Yes X	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistant	ce check here	▶	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant?	·	N/A Yes	No No
6a Did the foundation, during the year, receive at on a personal benefit contract?			s Yes X	No
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene		6b X
7a At any time during the tax year, was the found	dation a party to a proh	ubited tax shelter transa	action? Yes X	No
b If yes, did the foundation receive any proceed	s or have any net incor	ne attributable to the tra	ansaction?	7b N/A
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	imployees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DORY FELDMANN	SECRETARY	10,871.	0.	0.
5950 S.W. 112TH STREET	5.00			
MIAMI, FL 33156 HARRY J WALTERS, JR	PRESIDENT	21,530.	0.	0.
VILLAGE GLEN	10.00	21,550.	0.	0.
MANCHESTER, VT 05254				
ANN_M_WALTERS	TRUSTEE	0.	0.	0.
VILLAGE GLEN	1.00			
MANCHESTER, VT 05254				
	<u>.</u>			
2 Compensation of five highest-paid employed	es (other than those inc	cluded on line 1- see in	nstructions). If none, e	nter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	-			
	-			
Total number of other employees paid over \$50,00	0 TEFA03061	07/06/09		0 Form 990-PF (2009)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3

Total. Add lines 1 through 3

BAA Form **990-PF** (2009)

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Form 990-PF (2009) WM DEAN FAUSETT FOUNDATION FOR THE PRESV	03-0328057	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this passee instructions.)	art. Foreign found	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section of the complete the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section of the complete the section of the complete the section of the complete the section of the complete the section of the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete the complete th		ations
1 Minimum investment return from Part X, line 6	1	· ·
2a Tax on investment income for 2009 from Part VI, line 5		
b Income tax for 2009 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions).	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	62,740.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	-
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line	4 4	62,740.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	62,740.
Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating	na whether the found	ation

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2009)

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. Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	× ×	,	* . *	0.
Ine 7 2 Undistributed income, if any, as of the end of 2009	<u></u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*
a Enter amount for 2008 only		,	0.	<u> </u>
b Total for prior years 20 , 20, 20	\$}>.	0.	*	* > *
3 Excess distributions carryover, if any, to 2009	*	. 4	2 × 2 12 2	, **
a From 2004 36, 986.				
b From 2005 36, 729.				
c From 2006 38,541.				
d From 2007 64, 798.	· · · · · · · · · · · · · · · · · · ·			
e From 2008 49,561.	226,615.			
f Total of lines 3a through e	226,615.			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 62,740.		, , , , , , , , , , , , , , , , , , ,		
a Applied to 2008, but not more than line 2a			0.	
	<u> </u>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	26.12	
b Applied to undistributed income of prior years (Election required — see instructions)	×	0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2009 distributable amount	3	3 13 2 2		0.
e Remaining amount distributed out of corpus	62,740.	· 34.3.		
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	K			
(,,,	, A			
6 Enter the net total of each column as			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*
indicated below:	289,355.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	289,333.	* 2		***
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
has been issued, or on which the section				
4942(a) tax has been previously assessed	* *	0.		*
d Subtract line 6c from line 6b Taxable		0		
amount — see instructions	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		*	
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions.			0.	
into 24 Taxable different Coo medianta			# # ·	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be				
distributed in 2010	. 3		.8 .	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)			*	
(see instructions)	0.	3 3	<u> </u>	
8 Excess distributions carryover from 2004 not	05.005	(
applied on line 5 or line 7 (see instructions).	36,986.			7 *
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	252,369.			*/3
10 Analysis of line 9				* 4.
a Excess from 2005 36, 729.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b Excess from 2006 38, 541.				
c Excess from 2007 64,798.				
d Excess from 2008 49,561.	.	, · · }	*	* *
e Excess from 2009 62,740.	<u> </u>	7.5	`	Form 900 PE (2009)

Form 990-PF (2009) WM DEAN FAUSETT				03-0328057	Page 10
Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or one is effective for 2009, enter the date of the	ruling				
b Check box to indicate whether the foundate		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	42.0000	Prior 3 years	(-th-000c	/a\ T =4=1
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
b 85% of line 2a		-			
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon				1	
a 'Assets' alternative test — enter				1	
(1) Value of all assets	ļ				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	-				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)				:	
(3) Largest amount of support from an exempt organization					
(4) Gross investment income]	<u> </u>		
Part XV Supplementary Information	(Complete this	part only if the	organization ha	ad \$5,000 or mor	e in
assets at any time during th		Structions.)			
a List any managers of the foundation who close of any tax year (but only if they have NONE		ore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2))	eceived by the found	dation before the
b List any managers of the foundation who	own 10% or more o	of the stock of a corr	poration (or an equ	ally large portion of	the ownership of
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater intere	est	, go position or	
2 Information Regarding Contribution, Gra					
Check here \(\begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*}	nakes contributions is gifts, grants, etc,	to preselected cha (see instructions) t	ritable organization o individuals or org	s and does not acce anizations under oth	pt unsolicited er conditions,
a The name, address, and telephone number	er of the person to	whom applications s	should be addresse	d	
b The form in which applications should be	submitted and infor	mation and materia	ls they should inclu	ıde	
c Any submission deadlines				,.	
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ble fields, kinds of	institutions, or other	factors

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Ful	ure Paymen	it	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	substantial contributor	recipient		
Name and address (home or business) a Paid during the year SEE STATEMENT 9	substantial contributor	recipient	CONTINUENT	
				22.452
Total		Т.	► 3a	38,450.
b Approved for future payment				
Total			► 3t)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a					
b				<u>-</u>	
c			<u> </u>	<u> </u>	
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	35.	
4 Dividends and interest from securities			14	873.	
5 Net rental income or (loss) from real estate		· · · · · · · · · · · · · · · · · · ·			
a Debt-financed property					
b Not debt-financed property					<u> </u>
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				67.	-17,254.
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b_					
С					
d		_	~ J		
e					
12 Subtotal Add columns (b), (d), and (e)				975.	-17,254.
13 Total. Add line 12, columns (b), (d), and (e)				13	-16,279.
(See worksheet in the instructions for line 13 to verify	calculations)				

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions)
N/A	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Exempl Organizations		<u> </u>				
Did the organization directly or indirectly described in section 501(c) of the Code (in relating to political organizations?	engage in any of the following wit other than section 501(c)(3) organ	h any other organizatio lizations) or in section (n 527,	Y	/es	No
a Transfers from the reporting foundation to	o a noncharitable exempt organiza	ation of				;
(1) Cash	, ,			1a(1)		Χ
(2) Other assets				1a (2)		X
b Other transactions				[
(1) Sales of assets to a noncharitable ex	empt organization			1 b (1)		X
(2) Purchases of assets from a noncharit	able exempt organization			1 b (2)		X
(3) Rental of facilities, equipment, or oth	er assets			1 b (3)		X
(4) Reimbursement arrangements				1b (4)		<u>X</u>
(5) Loans or loan guarantees				1 b (5)		X
(6) Performance of services or members	hip or fundraising solicitations			1 b (6)		<u>X</u>
c Sharing of facilities, equipment, mailing l	ists, other assets, or paid employe	ees		1c		X
d If the answer to any of the above is 'Yes, the goods, other assets, or services giver any transaction or sharing arrangement,	n by the reporting foundation. If th	e foundation received l	ess than fair marke	et value in	of	
(a) Line no (b) Amount involved (c) Name	of noncharitable exempt organization	(d) Description of tran	isfers, transactions, and	sharing arrange	ements	
I/A			· · · · · · · · · · · · · · · · · · ·			
* * * * * * * * * * * * * * * * * * *						
2a Is the foundation directly or indirectly affi described in section 501(c) of the Code (b If 'Yes,' complete the following schedule	liated with, or related to, one or nother than section 501(c)(3)) or in	nore tax-exempt organi i section 527?	zations	Yes	ΧN	 10
(a) Name of organization	(b) Type of organization	(0	c) Description of rel	ationship		
N/A						
						
	 					
			-			
1				haliat dan taua		
Under penalties of perjury I declare that I have examined complete Declaration of preparer (other than taxparer or I	this return, including accompanying schedule iduciary) is based on all information of which	preparer has any knowledge	Title	ad	correct	and
(A)	/ = = . = . = .	Date	Charles f	parer's Identifying	g numb	er
Paid Preparer's signature	— TU	7.30.10	self-	Signature in the	e instrs	,
Pre- RUNA BIN U SIMIL	OMPANY		37./3	<u> </u>		
Use yours if self-	REET, PO BOX 1144		EIN N/A			
address, and MANCHECTED C			Dhana as b 90°	2 362-10	57	
ZIP code MANCHESTER C	LHILK, VI 03233 1144		Phone no ► 8U2	Form 990 -		20097

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Employer identification number Name of the organization WM DEAN FAUSETT FOUNDATION FOR THE PRESV & PROTECTION OF GREEN MT BOY HISTORY INC 03-0328057 Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 -X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II) Special Rules -For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(v) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Paa	Δ.	
ıau	c,	_

of Part I

WM DEAN FAUSETT FOUNDATION FOR THE PRESV

Employer identification number

of 1

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	≺-	11	٠.	_	×		~	•	
•	_	v	_	_	u	v	_	•	

Part I	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WM DEAN FAUSETT CHARITABLE TRUST TD BANK RUTLAND, VT 05702	\$32,427.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address. and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_		- \$ -	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

Page

of 1

of Part II

'Name of organization

WM DEAN FAUSETT FOUNDATION FOR THE PRESV

Employer identification number

03-0328057

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
(a)	(b)	\$\$	(d)
(a) lo. from Part I	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
		\$	

03-0328057

'Name of organization

WM DEAN FAUSETT FOUNDATION FOR THE PRESV

Employer identification number

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry)

(a)	(b)	(c)	(d)		
lo. from Part I	Purpose of gift	Use of gift	Description of how gift is held		
	N/A				
-		(e) Transfer of gift			
	Transferee's name, address,		Relationship of transferor to transferee		
(a) lo. from	(b)	(c)	(d) Description of how gift is held		
Part I	Purpose of gift	Use of gift	Description of now gift is need		
		(e) Transfer of gift			
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee		
4.5	45				
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
					
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee		
(a) lo. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee		
	Transferee's name, address	Transfer of gift	Relationship of transferor to transferee		

2009

FEDERAL STATEMENTS

PAGE 1

CLIENT 2589

WM DEAN FAUSETT FOUNDATION FOR THE PRESV & PROTECTION OF GREEN MT BOY HISTORY INC

03-0328057

7/30/10

10 28AM

STATEMENT 1 FORM 990-PF, PART I, LINE 6A NET GAIN (LOSS) FROM NONINVENTORY SALES PER BOOKS ASSETS NOT INCLUDED IN PART IV

DESCRIPTION:

PUBLICLY TRADED SECURITIES

DATE ACQUIRED: HOW ACQUIRED:

VARIOUS

DATE SÕLD:

PURCHASE VARIOUS

TO WHOM SOLD:

GROSS SALES PRICE:

68,313.

COST OR OTHER BASIS:

85,567.

BASIS METHOD:

COST

GAIN (LOSS)

-17,254.

TOTAL \$ -17,254.

STATEMENT 2 FORM 990-PF, PART I, LINE 16B

ACCOUNTING FEES

(A) **EXPENSES** PER BOOKS

(B) NET INVESTMENT INCOME

(C) ADJUSTED

(D) CHARITABLE

ACCOUNTING FEES

1,295. 1,295. TOTAL

518. 518.

NET INCOME

0.

PURPOSES 777.

777.

Ō.

STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES

> (A) **EXPENSES** PER BOOKS

(B) NET INVESTMENT

(C) **ADJUSTED**

(D) CHARITABLE

INVESTMENT FEES

5,40<u>0.</u>

INCOME 5<u>,400.</u>

NET INCOME

PURPOSES

TOTAL \$ 5,400.

5,400.

5,400. 5,400.

STATEMENT 4 FORM 990-PF, PART I, LINE 18 **TAXES**

> (A) **EXPENSES** PER BOOKS

(B) NET INVESTMENT INCOME

(C) ADJUSTED NET INCOME

(D) CHARITABLE PURPOSES

PAYROLL TAXES

2<u>,495.</u> 2,495. TOTAL \$

998

998. \$

<u>1,497</u> 1,497.

7	n	^	^
/	u	u	

FEDERAL STATEMENTS

PAGE 2

WM DEAN FAUSETT FOUNDATION FOR THE PRESV & PROTECTION OF GREEN MT BOY HISTORY INC

03-0328057

STATEMENT 5	
FORM 990-PF, PART I, LINE	23
OTHER EXPENSES	

		(A) PENSES BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	 (D) CHARITABLE PURPOSES
BANK CHARGES MISCELLANEOUS PAYROLL PROCESSING FEES	TOTAL	\$ 54. 1,090. 1,270. 2,414.	\$ 508. \$ 508.	\$ 0.	\$ 54. 1,090. 762. 1,906.

STATEMENT 6 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION BOOK METHOD VALUE		FAIR MARKET VALUE		
TD BANK WEALTH MANAGEMENT	COST TOTAL	\$ 14,182. \$ 14,182.	\$ 16,880. \$ 16,880.		

STATEMENT 7 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

CORPORATE BONDS	<u>METHOD</u>	BOOK VALUE	FAIR MARKET VALUE
TD BANK WEALTH MANAGEMENT	COST TOTAL	\$ 7,571. \$ 7,571.	\$ 7,941. \$ 7,941.

STATEMENT 8 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

OTHER INVESTMENTS	VALUATION METHOD	 VALUE	F.A.	VALUE VALUE
TD BANK WEALTH MANAGEMENT	COST	\$ 7,595.	\$	7,595.
	TOTAL	\$ 7,595.	\$	7,595.

2009

FEDERAL STATEMENTS

WM DEAN FAUSETT FOUNDATION FOR THE PRESV & PROTECTION OF GREEN MT BOY HISTORY INC

03-0328057

PAGE 3

STATEMENT 9 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SECOND CHANCE ANIMAL CENTER PO BOX 620 SHAFTSBURY, VT 05262	NONE	N/A	PROTECTION OF DOMESTIC ANIMALS OF THE AREA	\$ 5,000.
DORSET NURSING ASSOCIATION ROUTE 30 DORSET, VT 05251	NONE	N/A	HEALTH SERVICES TO THE CITIZENS OF DORSET, VT	2,500.
MANCHESTER RESCUE SQUAD MAIN STREET MANCHESTER, VT 05255	NONE	N/A	CHARITABLE SUPPORT	2,000.
FRIENDS OF DORSET SCHOOL MORSE HILL ROAD DORSET, VT 05251	NONE	N/A	FURTHERANCE OF EDUCATION GOALS FOR SECONDARY STUDENTS	1,000.
UNITED CHURCH OF DORSET 134 CHURCH STREET DORSET, VT 05251	NONE	N/A	CHARITABLE SUPPORT	1,000.
NORTHSHIRE DAY SCHOOL MAIN STREET MANCHESTER CENTER, VT 05255	NONE	N/A	CHARITABLE SUPPORT	1,000.
MANCHESTER HEALTH SERVICES INC 5468 MAIN STREET MANCHESTER CENTER, VT 05255	NONE	N/A	HEALTH SERVICES TO THE CITIZENS OF MANCHESTER, VT	2,500.
DORSET PUBLIC LIBRARY ROUTE 30, PO BOX 38 DORSET, VT 05251	NONE	N/A	CHARITABLE SUPPORT	1,000.
MARK SKINNER LIBRARY 48 WEST ROAD, PO BOX 138 MANCHESTER, VT 05254	NONE	N/A	CHARITABLE SUPPORT	1,000.
NEIGHBOR TO NEIGHBOR MANCHESTER, VT 05255	NONE	N/A	CHARITABLE SUPPORT	1,500.
FRIENDS OF MEMS MEMORIAL AVENUE MANCHESTER CENTER, VT 05255	NONE	N/A	FURTHERANCE OF EDUCATION GOALS FOR SECONDARY STUDENTS	1,000.
BENNINGTON PROJECT INDEPENDENCE BENNINGTON, VT 05201	NONE	N/A	CHARITABLE SUPPORT	1,000.
RED CROSS MANCHESTER CENTER, VT 05255	NONE	N/A	CHARITABLE SUPPORT	1,000.

2009

FEDERAL STATEMENTS

PAGE 4

CLIENT 2589 WM DEAN FAUSETT FOUNDATION FOR THE PRESV & PROTECTION OF GREEN MT BOY HISTORY INC

03-0328057

7/30/10

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STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	·	AMOUNT
HUMANE SOCIETY OF MORGAN COUNTY INC. PO BOX 1266 MADISON, GA 30650	NONE	N/A	CHARITABLE SUPPORT	\$	1,000.
SOUTHERN VT ART CENTER INC. WEST ROAD, PO BOX 617 MANCHESTER, VT 05254	NONE	N/A	CHARITABLE SUPPORT		2,950.
VETERANS MEMORIAL PO BOX 803 LATTA, SC 29565	NONE	N/A	CHARITABLE SUPPORT		1,000.
MANCHESTER FOOD CUPBOARD MANCHESTER CENTER, VT 05255	NONE	N/A	CHARITABLE SUPPORT		2,500.
MAPLE HILL CEMETERY VT ROUTE 30 DORSET, VT 05251	NONE	N/A	CHARITABLE SUPPORT		500.
UNIVERSITY OF MIAMI CORAL GABLES, FL 33124	NONE	N/A	CHARITABLE SUPPORT		2,000.
HABITAT FOR HUMANITY BENNINGTON, VT 05201	NONE	N/A	CHARITABLE SUPPORT		2,000.
UNIVERSITY OF NOTRE DAME NOTRE DAME, IN 46556	NONE	N/A	CHARITABLE SUPPORT		2,000.
THE LONG TRAIL SCHOOL INC. 1045 KIRBY HOLLOW ROAD DORSET, VT 05251	NONE	N/A	FURTHERANCE O EDUCATION GOA FOR SECONDARY STUDENTS	LS	1,000.
CHRIST OUR SAVIOR 398 BONNET STREET MANCHESTER CENTER, VT 05255	NONE	N/A	CHARITABLE SUPPORT		1,000.
NEW COMMUNITY CHURCH MIAMI, FL 33156	NONE	N/A	CHARITABLE SUPPORT		1,000.
			Т	OTAL \$	38, 4 50.

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545 1709

Form **8868** (Rev 4-2009)

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box	► X		
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this			
	lete Part II unless you have already been granted an automatic 3-month extension on a previously for	iled Form 8868		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A	secured to file Form 200 T and requesting an outsmalle 6 month outspace. Shock this box and o	complete Part Looly		
	required to file Form 990-T and requesting an automatic 6-month extension — check this box and c			
All other corp income tax r	porations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request eturns	an extension of time to me		
returns noted the additional Form 990-T	ling <i>(e-file).</i> Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more detit www.irs.gov/efile.and.click.on.e-file.for.Charities.&.Nonprofits	8 electronically if (1) you want composite or consolidated		
	Name of Exempt Organization	Employer identification number		
Type or print	WM DEAN FAUSETT FOUNDATION FOR THE PRESV & PROTECTION OF GREEN MT BOY HISTORY INC	03-0328057		
File by the	Number, street, and room or suite number. If a P O box, see instructions			
due date for filing your return See	PO BOX 894			
instructions	City town or post office, state, and ZIP code. For a foreign address, see instructions			
	MANCHESTER, VT 05254-0894			
Check type o	f return to be filed (file a separate application for each return)			
Form 990				
Form 990				
Form 990		· -		
X Form 990	PF Form 1041-A Form 887	<u></u>		
• The books	are in the care of DORY FELDMANN			
Telephone	No ► 305 661-7508 FAX No ►			
	anization does not have an office or place of business in the United States, check this box	▶ 🔲		
	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for the whole group,		
check the	s box 🕨 🔲 If it is for part of the group, check this box 🕨 🗌 and attach a list with the names a	nd EINs of all members		
the exten	sion will cover			
•	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	$8/15$, 20 10 _, to file the exempt organization return for the organization named above ension is for the organization's return for			
► X	calendar year 20 09 or			
▶ 🔲	calendar year 20 09 or tax year beginning, 20, and ending, 20			
		Change in accounting period		
3a If this a nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 0.		
b If this a made	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	3b \$ 0.		
deposit	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) tructions	3c \$ 0.		
Caution. If you	ou are going to make an electronic fund withdrawal with this Form 8868 see Form 8453-EO and For	rm 8879-EO for		

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