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## Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

OMB No 1545-0052

For calendar year 2009, or tax year beginning , 2009, and ending Initial return of a former public charity G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number RICHARD E. AND DEBORAH L. TARRANT Use the IRS label. FOUNDATION, INC. 03-0364509 Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print or type. P.O. BOX 521 See Specific City or town, state, and ZIP code If exemption application is Instructions. pending, check here 1. Foreign organizations, check here WINOOSKI, VT 05404 Foreign organizations meeting the 85% test, check here and attach H Check type of organization. | X | Section 501(c)(3) exempt private foundation computation . Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust E If private foundation status was terminated J Accounting method | X Cash Fair market value of all assets at end under section 507(b)(1)(A), check here . of year (from Part II, col (c), line Other (specify) If the foundation is in a 60-month termination 12,503,149. (Part I, column (d) must be on cash basis ) 16) ▶ \$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (b) Net investment (c) Adjusted net for charitable expenses per ıncome income purposes books column (a) (see page 11 of the instructions) (cash basis only) 100,000 1 Contributions, gifts, grants, etc., received (attach schedule) , if the foundation is **not** required to 2 Check > attach Sch B. . . . . . . . . 3 Interest on savings and temporary cash investments 328,524 321,972. ATCH 1 Dividends and interest from securities **5a** Gross rents . . . . . . . . . . . . b Net rental income or (loss) \_ -1,321,552 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all -1,321,552Capital gain net income (from Part IV, line 2). Net short-term capital gain . . . . . . . . . 10 a Gross sales less returns RECEIVED b Less Cost of goods sold. c Gross profitor (loss) (attach schedule) ŏ 69,547 24,646. Other income (attach Conedule) 2010 ATCH 11 ςŅ. -823,481 346,618. Total. Add ines 1 through 11 12 0 13 Compensation of officers directors trustees etc 79,628 Other employee salaries and wages 14 NOV 2 6 Expenses 4,825 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . . . 3,550 0 **b** Accounting fees (attach schedule) ATCH 3 Λ c Other professional fees (attach schedule). . . 17 27,544 11,448. 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion. 20 6,038 Travel, conferences, and meetings . . . . . 21 22 Printing and publications . . . . . Operating Other expenses (attach schedule) ATCH. 5 149,295 144,486 23 24 Total operating and administrative expenses. 270,880 155,934 Add lines 13 through 23 ...... 991,448 991,448. 25 Contributions, gifts, grants paid . . . . . . . 1,262,328 155,934 0. 991,448. 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 -2,085,809 a Excess of revenue over expenses and disbursements 190,684 b Net investment income (if negative, enter -0-) -0c Adjusted net income (if negative, enter -0-). .

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 2 000 87647J 771P 11/2/2010 2:56:11 PM

ATCH

Р	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
Ĩ	1	Cash - non-interest-bearing	196,515.	175,401.	175,401.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)	*	9,620.	ATCH 6
	′	Less: allowance for doubtful accounts	0.	9,620.	9,620.
əts	8				<del> </del>
Assets	9	Prepaid expenses and deferred charges			<del></del>
4					<del></del>
	ı				
	11 C	Investments - corporate bonds (attach schedule)			
	' '	and equipment basis  Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - mortgage loans	14,454,420.	12,543,728.	12,318,128.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	(attach schedule) Other assets (describe		···. ·· · · · · · · · · · · · · · · ·	
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	14,650,935.	12,728,749.	12,503,149.
_	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	
	18				
m					
Liabilities	19	Deferred revenue			
薑	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
_	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
aŭ	25	Temporarily restricted			
Bal	26	Permanently restricted			
פר		Foundations that do not follow SFAS 117.			
ᆵ	1	check here and complete lines 27 through 31. ▶ X			
٥	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	14,650,935.	12,728,749.	
ĕ	30	Total net assets or fund balances (see page 17 of the		**	
ě		instructions)	14,650,935.	12,728,749.	
_	31	Total liabilities and net assets/fund balances (see page 17			
	"	of the instructions)	14,650,935.	12,728,749.	
F	art	Analysis of Changes in Net Assets or Fund E		20/.20/.131	
		Il Arialysis of Changes in Net Assets of Fund L		agree with	
1					14,650,935.
_	ena-	of-year figure reported on prior year's return)			-2,085,809.
2	Ente	er amount from Part I, line 27a	MCNITI O	2	
			MENT 8		163,623.
		lines 1, 2, and 3		1 1	12,728,749.
		reases not included in line 2 (itemize) ▶		5	10 200 5:5
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	12,728,749.
					Fe 000 DE (2000)

P		s and Losses for Tax on Inv	***	(b) How acquired	(c) Date	
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)					acquired (mo , day, yr )	(d) Date sold (mo., day, yr.)
 1a	CDE DADE TU COUE	D-Donation	(mo, day, y. )			
b		1,200				
d	· · · · · · · · · · · · · · · · · · ·					
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	,
_a						
_b	)					
_ <u>c</u>						
_d						<del> </del>
_e						
	omplete only for assets s	howing gain in column (h) and owr			Gains (Col. (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col	(k), but not less t Losses (from co	
a						
_b						
				ļ		
_d						
<u>e</u>			<u></u>	<u> </u>		
2	Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 }	2	-1,	321,552.
3	, ,	n or (loss) as defined in sections 12				
	•	, line 8, column (c) (see pages 13				
		line 8		3		
P	art V Qualification U	nder Section 4940(e) for Redu	uced Tax on Net Investment Inc	ome		
W			outable amount of any year in the b	ase perio	d? [	Yes X No
_			, see page 18 of the instructions be	efore mak	ing any entries	
_	(a)	(b)	(c)		(d)	
C	Base period years alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2008	1,797,750.	15,091,479.			0.119124
	2007	1,766,348.	20,268,652.			0.087147
	2006	1,590,460.	21,653,848.			0.073449
	2005	160,121.	3,253,198.			0.049220
_	2004	46,000.	2,281,308.			0.020164
				]		
2	Total of line 1, column (d	)		2		0.349104
3	Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
	number of years the foun	dation has been in existence if less	s than 5 years	3		0.069821
4	Enter the net value of nor	ncharitable-use assets for 2009 fro	om Part X, line 5	4	15,	811,551.
5	Multiply line 4 by line 3			5	1,	103,978.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,907.
7	Add lines 5 and 6			7	1,	105,885.
_		( B : : : :				001 440
ช	If line 8 is equal to or gr Part VI instructions on page	ons from Part XII, line 4	in Part VI, line 1b, and complete t	hat part	using a 1% ta	991,448. x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructio	ons)
Лa	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,8	14.
	here  and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		3,8	14.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		3,8	14.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,560.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
С	Tax paid with application for extension of time to file (Form 8868) 6c 10,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		12,5	60.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			46.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 3,840. Refunded ▶ 11		4,9	06.
	t VII-A Statements Regarding Activities	г		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			v
	of the instructions for definition)?	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			v
С	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$ (2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers  \$			Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
_	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, articles of			Х
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
_	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	3		
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
6	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > VT,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			v
	(or designate) of each state as required by General Instruction G? If "No," attach explanation ATTACHMENT 9	8b		<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			Х
	27)? If "Yes," complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses ATTACHMENT 10	10	Х	

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . 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 the tax year beginning in 2009?

Form 990-PF (2009)

X

Χ

2b

3ь

4a

4h

X No

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Pa	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	red (continued)				
∙5a	During the year did the foundation pay or incur any amou	int to						
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	4945(e))?	Yes X No				
	(2) Influence the outcome of any specific public election	(see section 4955), o	r to carry on,					
directly or indirectly, any voter registration drive? Yes X No								
(3) Provide a grant to an individual for travel, study, or other similar purposes?								
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) Yes X No							
	(5) Provide for any purpose other than religious, charita	·						
	purposes, or for the prevention of cruelty to children or animals?							
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in								
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?								
	Organizations relying on a current notice regarding disas			· . []				
_					<u> </u>			
С	If the answer is "Yes" to question 5a(4), does the found			Yes No				
	because it maintained expenditure responsibility for the g			. Lies Lino				
_	If "Yes," attach the statement required by Regulations sec	, ,						
6a	Did the foundation, during the year, receive any funds, or	•		Yes X No				
	on a personal benefit contract?			. — —		X		
a	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a p	personal benefit contrac	t?	· ·   6b			
_	If "Yes" to 6b, file Form 8870.		-1-11440	Yes X No				
	At any time during the tax year, was the foundation a pa							
	If yes, did the foundation receive any proceeds or have a trivial information About Officers, Directors				7b			
	and Contractors		<del>_</del> i		•			
1	List all officers, directors, trustees, foundation m				ıctions).			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens other all			
		devoted to position	-0-)	and deferred compensation				
7 T	TACHMENT 11		0.	0.		0		
ΗI	TACAMENT II							
_	Companyation of five highest poid appleases (at	han than than ina	loded on line 4	22 -f 4b- it				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ner than those mo	iuded on line 1 - se	e page 23 of the inst	ructions).			
		(b) Title, and average		(d) Contributions to	(-) [			
(;	a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expens other all			
		devoted to position		compensation				
			70 600	4 005		0		
<u>A'1</u>	TACHMENT 12		79,628.	4,825.		0		
				}				
Tot	al number of other employees paid over \$50,000 .		<del></del>		<u>.</u> .)	<b>&gt;</b>		
			<del></del>	<del></del>	Form 99	<b>0-PF</b> (2009)		

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	_
otal number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	
of organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
	•
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
<b>*</b>	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Falet Add lines 1 through 2	

هPaı	Minimum Investment Return (All domestic foundations must complete this part Fore see page 24 of the instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	15,856,758.
b	Average of monthly cash balances	1b	185,958.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	9,620.
d	Total (add lines 1a, b, and c)	1d	16,052,336.
е	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	0.
3	Subtract line 2 from line 1d	3	16,052,336.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	af the continue to the continue to	4	240,785.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	15,811,551.
6	Minimum investment return. Enter 5% of line 5	6	790,578.
Pai	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this	ate operating part)	9
1	Minimum investment return from Part X, line 6	1	790,578.
2 a	Tax on investment income for 2009 from Part VI, line 5		··········
	Income tax for 2009 (This does not include the tax from Part VI)  2b		
	Add lines 2a and 2b	2c	3,814.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	786,764.
	Recoveries of amounts treated as qualifying distributions	4	
	Add lines 3 and 4	5	786,764.
6	Deduction from distributable amount (see page 25 of the instructions)	6	* * * * * * * * * * * * * * * * * * *
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	786,764.
Pai	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	991,448.
b	B I I I I I I I I I I I I I I I I I I I	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	991,448.
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 page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	991,448.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years	vhether the	

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				786,764.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	· · · · · · · · · · · · · · · · · · ·		· •··· · · · · · · · · · · · · · · · ·		
3	Excess distributions carryover, if any, to 2009				
	From 2004				
b	From 2005		•		
C	From 2005 From 2006 884, 913. From 2007 766, 479. From 2008 1,048, 244.	• •			
a	From 2007	ada. Ad			
	From 2008	2,699,636.			
4	Qualifying distributions for 2009 from Part XII,	2,000,000			
-	line 4. ▶ \$ 991, 448.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				•
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				786,764.
е	Remaining amount distributed out of corpus	204,684.			
5	Excess distributions carryover applied to 2009	· · · · · · · · · · · · · · · · ·			
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	2 004 220			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,904,320.			
b	Prior years' undistributed income Subtract				
С	line 4b from line 2b				
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a. Taxable amount - see page 27 of the instructions				
T	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			•	
_	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the		- u		
	instructions)	0.			
9	Excess distributions carryover to 2010.	2,904,320.			
	Subtract lines 7 and 8 from line 6a	2,304,320.			
	Analysis of line 9				
_	Excess from 2005				
b	766 470				
q. C	Excess from 2007			\$ <b></b>	
	Excess from 2008				
			·	1	<u> </u>

1.8 If the Toundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, either the date of the ruling.  2. Enter the tisses of the part of the pa	Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and P	art VII-A, question 9)	NOT APPLICABL	
po Check box to indicate whether the foundation is a private operating foundation described in section.  a Start Private of the section of the part of the part of the foundation in the part of the foundation in the part of the part o		a If the foundation has received a ruling or determination letter that it is a private operating						
2a Serio The lessor of the age   Taxyser   Prior 3 years   (s) Total							()(0) 40.40()(5)	
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Name and address (home or business) a Paid during the year  ATTACHMENT 15	Part XV Supplementary Information (c 3 Grants and Contributions Paid Dur	ing the Year or Appl	oved for F	uture Payment	· · · · · · · · · · · · · · · · · · ·
a Paid during the year  ATTACHMENT 15  Total. ▶ 3a 9		If recipient is an individual, show any relationship to			Amauch
a Peid duning the year ATTACHMENT 15  ATTACHMENT 15  Total. ▶ 3a 9		any foundation manager	status of recipient	contribution	Amount
ATTACHMENT 15    Total		or obstantes contributor			
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Total	Total	<del></del>		> 3h	

nter gross a	amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
Dragram	207-207-50/20/10/	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
	service revenue.			-		the manucuons )
	<del></del>					-
				<del></del>	-	<del></del>
e	<del></del>			_		
f						<del></del>
-	and contracts from government agencies					
_	ship dues and assessments					
	n savings and temporary cash investments					
	s and interest from securities			14	328,524.	
	Il income or (loss) from real estate.					
	-financed property					
	lebt-financed property					<del></del>
	income or (loss) from personal property		,			
	vestment income					
	oss) from sales of assets other than inventory			18	-1,321,552.	
Net incor	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
Other rev						
<b>ь</b> А	TTACHMENT 16				69,547.	
c						
d	· · · · · · · · · · · · · · · · · · ·					
е						
Subtotal	Add columns (b), (d), and (e)				_022 4Q1 L	
		<u> </u>			-923,481.	
Total. Ad	d line 12, columns (b), (d), and (e)				<u> </u>	-923,48
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ee worksh art XVI-I ine No.	eet in line 13 instructions on page 28  Relationship of Activities  Explain below how each activithe accomplishment of the fo	to verify calco	ulations.) complishment of E ch income is report exempt purposes (	ed in column other than b	oses  (e) of Part XVI-A cont	ributed importantl

Pa	rt XVII	Information I Exempt Orga		ransfers To and	d Transa	ctions a	nd Relat	ionships \	With N	oncl	harit	able
1 a	in sec organi Transi	he organization directly ction 501(c) of the Co zations? fers from the reporting for	ode (other than oundation to a no	section 501(c)(3) on the section 501(c)	organizations) ganization of	or in se	ction 527,	relating to p	oolitical	10(1)	Yes	No X
		ash							ſ	1a(1) 1a(2)		X
b		transactions							, , , , ,			
		ales of assets to a nonch								- 1		X
		urchases of assets from ental of facilities, equipm								1b(2) 1b(3)		X
		eimbursement arrangeme								1b(4)		Х
	(5) Lo	oans or loan guarantees								<u>1b(5)</u>		X
_		erformance of services o								- 1		X
c di		ng of facilities, equipments answer to any of t								1c   the	faır r	
_		of the goods, other		· ·	-			·				
	value	in any transaction or	sharing arrang	ement, show in co	olumn <b>(d)</b> th	ne value d	of the good	ls, other ass	ets, or s	service	s red	eived.
(a) l	ine no	(b) Amount involved	(c) Name of n	oncharitable exempt orga	anization	(d) Descr	ption of trans	fers, transactions	s, and sham	ng arrar	naeme	nts
···		N/A				N/A		·				
							·					
					· · · · · · · · · · · · · · · · · · ·			<del> </del>				
			<del> </del>				<del></del>					
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											-	
							-1					
2a		foundation directly or	•			nore tax-ex	empt organ	zations descr	ibed in _	<b>—</b> 1		ر ت
		n 501(c) of the Code (oth s." complete the following		01(c)(3)) or in section	5277				L	Ye	s L_	No.
	11 16	(a) Name of organization	<u> </u>	(b) Type of o	organization			(c) Description	of relations	np		
				····					· · · -			
	Under belief,	enalties of perjury, I declift is true, correct, and com	are that I have examplete peclaration of	mined this return, inclu f preparer (other than ta	ding accompa expayer or fidu	nying schedu ciary) is base	iles and state ed on all info	ments, and to to rmation of whice	he best of h preparer	my kr has ar	nowled ny knov	ge and wledge
a	<u>s</u>	ignature of officer or trustee	War			Date	<u> </u>	Title	w			
Her	31	Situatore of officer of trustee		<del></del>	Date	<u> </u>		Pi	reparer's i			
Sign Here	Paid Preparer's Use Only	Preparer's signature	96	CPA	/	110	Check if self-employ	/ed ► □ pa	umber (See age 30 of th 006411	ne instru L83		
	Pa Prep Use	Firm's name (or yours if			ANTE PLO			<b>EIN</b> ▶ 20	-36820	)35		
	<u>.</u> _	self-employed), address and ZIP code		NNEDY DRIVE, BURLINGTON,	PO BOX VT		07-2166	Phone no	802-38	33-0	399	

# 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

Name of the organization		Employer identification number
RICHARD E. AND DEB	ORAH L., TARRANT	
FOUNDATION, INC.		03-0364509
Organization type (check or	ne)	
Filers of:	Section:	
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 fou	ndation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c) instructions	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and	I a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 y one contributor. Complete Parts I and II	00 or more (in money or
Special Rules		
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% suppor ) and 170(b)(1)(A)(vi), and received from any one contributor, during the 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ	year, a contribution of the greater
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received frequency te contributions of more than \$1,000 for use exclusively for religious, charses, or the prevention of cruelty to children or animals. Complete Parts I,	itable, scientific, literary, or
the year, contribut aggregate to more year for an exclusi applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fractions for use exclusively for religious, charitable, etc., purposes, but these e than \$1,000. If this box is checked, enter here the total contributions the vely religious, charitable, etc., purpose. Do not complete any of the parts anization because it received nonexclusively religious, charitable, etc., contributions.	contributions did not at were received during the unless the General Rule ontributions of \$5,000 or more
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not find ust answer "No" on Part IV, line 2 of its Form 990, or check the box on line. PF, to certify that it does not meet the filing requirements of Schedule B (	e H of its Form 990-EZ,
For Privacy Act and Paperwork Refor Form 990, 990-EZ, or 990-PF.	eduction Act Notice, see the Instructions Sched	lule B (Form 990, 990-EZ, or 990-PF) (2009)

Page	of	 of Part I

Name of organization RICHARD E. AND DEBORAH L. TARRANT FOUNDATION, INC.

Employer identification number 03-0364509

# Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	P.O. BOX 1070	\$\$	Person Payroli Noncash  (Complete Part II if there is
	BURLINGTON, VT 05402		a noncash contribution )
(a) No.	(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) No.	(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) No.	(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) No.	(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) No.	(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)

# 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

<ul> <li>If you are fi</li> </ul>	ling for an Automatic 3-I	Month Extension, compl	ete only Part I and ch	eck this box	X	
<ul> <li>If you are find not complete</li> </ul>	ling for an <b>Additional (N</b> e <b>Part II unless</b> you have	ot Automatic) 3-Month E already been granted ai	ixtension, complete of automatic 3-month e	only Part II (on pag extension on a pre	e 2 of this form) viously filed Form 8868	
Part I Auto	matic 3-Month Exten	sion of Time. Only sub	mit original (no copi	es needed)		
		-T and requesting an au			oox and complete	
Part I only	. <b></b> .		. <b></b> .			
All other corpo		-C filers), partnerships,	REMICs, and trusts r	must use Form 70	004 to request an extension of	
one of the ret electronically i returns, or a co	turns noted below (6 n f (1) you want the add composite or consolidate	nonths for a corporation tional (not automatic) 3-	n required to file For month extension or ( ou must submit the fu	m 990-T) Howev 2) you file Forms ally completed and	omatic extension of time to file er, you cannot file Form 8868 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form Charities & Nonprofits	
Type or	Name of Exempt Organiza	ation RICHARD E. A	ND DEBORAH L.	TARRANT	Employer identification number	
print	FOUNDATION,	INC.			03-0364509	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions					
due date for filing your	P.O. BOX 521					
return See		state, and ZIP code For a fo	reign address, see instruc	tions		
	WINOOSKI, VT					
	•	separate application for	•	[	4700	
Form 990		Form 990-T (corporat		<del>  </del>	m 4720 m 5337	
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227						
Form 990-EZ						
<ul> <li>If the organ</li> <li>If this is for for the whole gnames and Ell</li> </ul>	a Group Return, enter the group, check this box.  No of all members the expressions.	n office or place of busine organization's four dig  If it is for part of othersion will cover	t Group Exemption Nu the group, check this t	mber (GEN) pox ▶ ar	If this is and attach a list with the	
	ganization's return for calendar year 2009 tax year beginning		a corporation requi organization return fo ,, and ending	red to file Forr	m 990-T) extension of time named above The extension is	
2 If this tax	year is for less than 12	months, check reason	Initial return	Final return	Change in accounting period	
b If this ap made In c Balance	dable credits See instruiplication is for Form 99 clude any prior year over Due. Subtract line 3b fr	D-PF or 990-T, enter any payment allowed as a cre om line 3a Include your	refundable credits aredit	nd estimated tax p	3a \$ /2,560 payments 3b \$ 2560 , deposit	
		ed, by using EFTPS (I	Electronic Federal Ta	x Payment Syste	m) See	
Caution If you		lectronic fund withdrawa	with this Form 9969	200 Form 9452 F	3c \$ /0,000	
for payment in		lectronic fund withdrawa	with this FOITH 8668,	See FOID 8453-E	o and Form 8879-EO	
		ction Act Notice, see Ins	tructions.	<del> </del>	Form 8868 (Rev. 4-2009)	

DANAHER ATTIG & PLANTE PLC PO BOX 2166 SOUTH BURLINGTON, VT 05407

•	
Form 88	868 (Rev 4-2009) Page <b>2</b>
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
Note.	. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).
Туре	Name of Exempt Organization RICHARD E. AND DEBORAH L. TARR Employer Identification number
print	1 GOUNDATION TRIC
File by	Number street and room or suite no. If a P.O. how see instructions
extend due da	ed P.O. BOX 521
filing ti	he City, town or post office, state, and ZIP code For a foreign address, see instructions.
return instruc	
Chec	k type of return to be filed (File a separate application for each return).
	Form 990 X Form 990-PF Form 1041-A Form 6069
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 8870
	Form 990-EZ Form 990-T (trust other than above) Form 5227
STOR	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
	e books are in the care of   RON ROBERTS
	lephone No ▶ 603 471-9909 FAX No ▶
	he organization does not have an office or place of business in the United States, check this box
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is
	ne whole group, check this box
	with the names and EINs of all members the extension is for
	I request an additional 3-month extension of time until 11/15/2010
	For calendar year 2009, or other tax year beginning and ending
	If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7	State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE
•	INFORMATION NECESSARY TO COMPLETE AND FILE AN ACCURATE RETURN.
8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
-	nonrefundable credits. See instructions.
h	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid
	previously with Form 8868
	Palance Due Subtract line 2h from line 2a Include your payment with this form, or if required deposit
·	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions
	Signature and Verification
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,
	ue, correct, and complete, and that I am authorized to prepare this form
Signat	ture \ (a) \ \ (b) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
- 0	DANAHER ATTIG & PLANTE PLC Form 8868 (Rev 4-2009)

JSA

150 KENNEDY DRIVE, PO BOX 2166 SOUTH BURLINGTON, VT 05407-2166

PAGE 18

# ATTACHMENT

# - DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	133,224. 188,748.	321,972.
REVENUE AND EXPENSES PER BOOKS	133,224. 188,748. 6,552.	328,524.
DESCRIPTION	CHRISPUS HOLDINGS III, LLC - INTEREST CHRISPUS HOLDINGS III, LLC - DIVIDENDS CHRISPUS HOLDINGS III, LLC - TAX EXEMPT	TOTAL

OTHER INCOME ı PART I FORM 990PF, DESCRIPTION
FEDERAL TAX REFUND
ORDINARY INCOME/LOSS FROM PASS THROUGH
REFUND OF CONSULTING FEE

43,418. PER BOOKS EXPENSES REVENUE AND

INVESTMENT INCOME

24,646.

24,646.

24,646.

69,547.

TOTALS

PAGE 19

ATTACHMENT

PART I - ACCOUNTING FEES FORM 990PF,

	REVENUE
	AND
	EXPENSES
DESCRIPTION	PER BOOKS

PER BOOKS

NET INVESTMENT INCOME

ADJUSTED NET INCOME

TAX PREPARATION

3,550.

CHARITABLE PURPOSES

TOTALS

3,550.

0

0

ATTACHMENT

# TAXES ŀ PART I FORM 990PF,

	NET	INVESTMENT	INCOME	11,448.			11,448.
REVENUE	AND	EXPENSES	PER BOOKS	11,448.	960'9	10,000.	27,544.
							TOTALS
			DESCRIPTION	FOREIGN TAX WITHHELD	PAYROLL TAXES	FEDERAL TAXES PAID	

FORM 990PF, PART I - OTHER EXPENSES

	ጟ
	EXP
DESCRIPTION	PER
BANK SERVICE CHARGES	
DUES	
CONSULTING	
FROM PASS THROUGH ENTITY	
PAYROLL SERVICE CHARGE	
INSURANCE EXPENSE	
PENALTIES	

	NET	INVESTMENT	INCOME				144,486.	
REVENUE	AND	EXPENSES	PER BOOKS	133.	.005	1,200.	144,486.	968.

1,648. 360. 144,486.

ATTACHMENT

S

PAGE 22

# FORM 990PF, PART II - OTHER NOTES AND LOANS RECEIVABLE

BORROWER:

DUE FROM CHRISPUS HOLDINGS III LLC

ORIGINAL AMOUNT:

9,620.

DATE OF NOTE:

10/23/2009

MATURITY DATE:

11/01/2010

REPAYMENT TERMS:

SHORT-TERM DEMAND LOAN

SECURITY PROVIDED:

NONE

PURPOSE OF LOAN:

CASH FLOW

BEGINNING BALANCE DUE .....

0.

ENDING BALANCE DUE ..... \_\_\_\_\_

9,620.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE

0.

TOTAL ENDING BOOK - OTHER NOTES AND LOANS RECEIVABLE

9,620.

TOTAL ENDING FMV - OTHER NOTES AND LOANS RECEIVABLE

9,620.

OTHER INVESTMENTS PART II FORM 990PF,

		ATTACHMENT 7	MENT 7
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING
CHRISPUS HOLDINGS III, LLC	14,454,420.	12,543,728.	12,318,128.
TOTALS	14,454,420.	12,543,728.	12,318,128.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

NET BOOK/TAX ADJUSTMENT IN PARTNERSHIP

163,623.

TOTAL

163,623.

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE STATE OF VERMONT DOES NOT REQUIRE A COPY OF FORM 990-PF.

	L CONTRIBUTORS	
	NEW SUBSTANTIAL	
	- NEW	
	NE 10	
	, LINE	
	VII-A,	
1	PART	
	990PE,	
	FORM 95	

DIRECT PUBLIC SUPPORT DATE NAME AND ADDRESS

<u>DAIE</u> 12/28/2009

100,000.

100,000.

TOTAL CONTRIBUTION AMOUNTS

05402

RICHARD E. TARRANT P.O. BOX 1070 BURLINGTON, VT 05. ATTACHMENT 10

DIRECTORS, AND TRUSTEES

- LIST OF OFFICERS,

PART VIII

FORM 990PF,

PAGE 28

EXPENSE ACCT AND OTHER ALLOWANCES	Ö	.0	0.	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	·	. 0	0	
COMPENSATION	0	.0	0	
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR - AS REQUIRED	DIRECTOR - AS REQUIRED	GRAND TOTALS	
NAME AND ADDRESS	DEBORAH L. TARRANT P.O. BOX 1070 BURLINGTON, VT 05402	RONALD L. ROBERTS 360 RT 101, SUITE 3A BEDFORD, NH 03110		

630534

	CONT	LOL
990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES	TITLE AND AVERAGE	HOURS PER WEEK

ATTACHMENT 12	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER N COMPENSATION BENEFIT PLANS ALLOWANCES	79,628. 4,825. 0.
	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	EXECUTIVE DIRECTOR 32.00
	NAME AND ADDRESS	LAUREN CURRY PO BOX 521 WINOOSKI, VT 05404

4,825.

79,628.

TOTAL COMPENSATION

PAGE 29

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

LAUREN CURRY P.O. BOX 521 WINOOSKI, VT 05404

### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

QUALIFIED ORGANIZATIONS MUST PROVIDE VALUABLE COMMUNITY SERVICES AND DEMONSTRATE THEY MEET FUNDAMENTAL NEEDS NOT EASILY MET ELSEWHERE, AND DEMONSTRATE PROFESSIONAL AND EFFICIENT MANAGEMENT.

THE FOUNDATION SHALL LOOK FAVORABLY UPON QUALIFIED ORGANIZATIONS WHICH ARE EDUCATIONAL IN NATURE, OR WHICH SERVE THE NEEDY, INCLUDING THE POOR AND DISENFRANCHISED.

NO QUALIFIED ORGANIZATION MAY BE A PROPONENT OF FREE CHOICE AS IT RELATES TO ABORTION.

NO ORGANIZATION WHICH ADOPTS OR SUPPORTS A SOCIALIST POLITICAL PLATFORM OR "PROGRESSIVE" SOCIALIST TYPE AGENDA SHALL BE AN ELIGIBLE QUALIFIED ORGANIZATION.

TARRANT	
٦	
DEBORAH	
AND	
ы	
RICHARD	

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

03-0364509

630534

V 09-8 4

87647J 771P 11/2/2010

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

AMOUNT

ATTACHMENT 15

SEE ATTACHED STATEMENT

RECIPIENT NAME AND ADDRESS

NO RELATIONSHIP EXEMPT

PURPOSE OF GRANT OR CONTRIBUTION

991,448

TOTAL CONTRIBUTIONS PAID

991,448

ATTACHMENT 15

PAGE 32

Richard E. and Deborah L. Tarrant Foundation Charitable Contributions January 1, 2009 - December 31, 2009 Form 990PF, Part XV - Grants and Contributions

03-036 4509

Recipient name and address	Relationship to substantial contributor and Foundation status of recipient	Purpose of grant or contribution	Amount
52 Kids Foundation, Inc Charlotte, VT	No relationship Exempt	General Operating Support	1,000 00
American Parkinson Association Staten Island, NY	No relationship Exempt	General Operating Support	1,500 00
Bella Voce Burlington, VT	No relationship Exempt	General Operating Support	250 00
Boys & Girls Club of Burlington Burlington, VT	No relationship Exempt	General Operating Support	10,000 00
Boys & Girls Club Of Burlington Burlington, VT	No relationship Exempt	Capital Campaign	50,000 00
Boys & Girls Club of the White River Valley Burlington, VT	No relationship Exempt	Teen Program Support	5,000 00
Bridges And Beyond Rutland, VT	No relationship Exempt	General Operating Support	2,500 00
Burlington Children's Space Burlington, VT	No relationship Exempt	Tuition Assistance	20,000 00
Burlington City Arts Burlington, VT	No relationship Exempt	General Operating Support	1,000 00
Burlington Dismas House Burlington, VT	No relationship Exempt	General Operating Support	5,000 00
Burlington Emergency Shelter Burlington, VT	No relationship Exempt	General Operating Support	2,000 00
Burlington Meals On Wheels Burlington, VT	No relationship Exempt	General Operating Support	5,000 00
Burlington Parks and Recreation Burlington, VT	No relationship Exempt	General Operating Support	200 00

# RAD TARRANT FOUNDATION

COTS Burlington, VT	No relationship Exempt	Housing Resource Center	40,000 00
Cancer Patient Support Group Burlington, VT	No relationship Exempt	Evening Song Challenge	15,000 00
Champlain Vailey Friends of the NRA Burlington, VT	No relationship Exempt	General Support	250 00
City of Winooski Winooski, VT	No relationship Exempt	Recreation & Community Wellness Youth Programs	7,600 00
Colchester/Milton Rotary Colchester, VT	No relationship Exempt	Holiday Basket Program	250 00
Diocese of Burlington Burlington, VT	No relationship Exempt	Bishop's Fund	50,000 00
Ethan Allen Club Scholarship Fund Burlington, VT	No relationship Exempt	Scholarship Fund	1,000 00
Ethan Allen Institute Burlington, VT	No relationship Exempt	General Operating Support	2,000 00
Fairfield Community Center Association Fairfield, VT	No relationship Exempt	Community Kitchen Project	9,500 00
Franklin Grand Isle Community Action Grand Isle, VT	No relationship Exempt	Food Shelf Support	2,500 00
Good Shepherd Catholic School St. Johnsbury, VT	No relationship Exempt	General Operating Support	3,750 00
Greater Burlington YMCA Burlington, VT	No relationship Exempt	Winooski Community Center	200,000 00
Greater Burlington YMCA Burlington, VT	No relationship Exempt	Childcare Financial Assistance	10,000 00
Greater Burlington YMCA Burlington, VT	No relationship Exempt	Midnight Basketball	2,000 00
Hannah's Hope Fund Burlington, VT	No relationship Exempt	Gene Therapy Clinical Trial	5,000 00
Holy Cross Church Colchester, VT	No relationship Exempt	Youth Center Renovations	15,000 00

# R + D TARRANT FOUNDATION

O3-0364509	No relationship	General Operating Support	7,500 00
Barre, VT Humane Society of Chittenden County	Exempt No relationship	General Operating Support	200 00
Burlington, V I Jencho Town Library	No relationship	Library Automation	1,000 00
Jencho, VT	Exempt No relationship	Case Management	10.000 00
John Granam Emergency Sneller Vergennes, VT	No relationship Exempt	(מנים מקונים ב	
Kidsafe Collaborative of Chittenden County Burlington, VT	No relationship Exempt	Safety Net	10,000 00
Mater Chnsti School Burlington, VT	No relationship Exempt	Science Program Support	55,000 00
National MS Society Boston, MA	No relationship Exempt	General Operating Support	200 00
Northeast Kingdom Youth Services St Johnsbury, VT	No relationship Exempt	Teen Homeless Shelter	15,000 00
Open Door Mission Rutland, VT	No relationship Exempt	General Operating Support	20,000 00
People's Health & Wellness Clinic Barre, VT	No relationship Exempt	General Operating Support	5,000 00
Queen City Police Foundation Burlington, VT	No relationship Exempt	General Operating Support	250 00
Rice Memonal High School Burlington, VT	No relationship Exempt	Returning Tarrant Diversity Students	34,200 00
Sisters of Providence Winooski, VT	No relationship Exempt	Family Assistance Program	10,000 00
Spectrum Youth & Family Services Burlington, VT	No relationship Exempt	General Operating Support	55,000 00
Springfield Family Center Foundation Springfield, VT	No relationship Exempt	Vital Food Services	7,500 00
United Way of Chittenden County Burlington, VT	No relationship Exempt	2-1-1 Program	5,000 00

# R&D TARRANT FOUNDATION

No relationship Exempt	Davis Student Center	20,000 00
No relationship Exempt		172,138 43
No relationship Exempt	-LEAP Expansion	47,660 00
No relationship Exempt	General Operating Support	20,000 00
No relationship Exempt	Seneral Operating Support	10,000 00
No relationship Exempt	Operation Vermont Maple Sweetness 2009	1,000 00
No relationship Exempt	Operation Holiday Homecoming	200 00
No relationship Exempt	General Operating Support	3,000 00
No relationship Exempt	Return House	10,000 00
No relationship Exempt	General Operating Support	100 00
elati npt npt npt npt npt npt npt npt npt npt	onship onship onship onship onship	I-LEAP Expansion I-LEAP Expansion General Operating Support General Operating Support Operation Vermont Maple Sweetness 2009 Operation Holiday Homecoming General Operating Support Conship General Operating Support

**Grand Total** 

\$ 991,448 43

REVENUE
OTHER
OF
ANALYSIS OF OTHER
ı
XVI-A
PART
990-PF,
FORM

630534

# SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

RICHARD E. AND DEBORAH L. TARRANT Employer identification number Name of estate or trust 03-0364509 FOUNDATION, INC. Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (c) Date sold (d) Sales pnce (see page 4 of the the entire year (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . . . . . . . 8,690. Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 8,690. Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b....... Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts -1,330,242.Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet \_\_\_\_\_\_\_\_\_ 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, -1,330,242.column (3) on the back . . . . . . . . . . . . . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2009

Sched	fule D (Form 1041) 2009					Page Z
Par	· · · · · · · · · · · · · · · · · · ·		(1) Beneficiaries'	(2) Es		(3) Total
	Caution: Read the instructions before completing this p		(see page 5)	or tru	ıst's	
13	Net short-term gain or (loss)	13				8,690.
14	Net long-term gain or (loss):	440				-1,330,242.
a	Total for year	14a 14b			-	1,330,242.
	• • • • • • • • • • • • • • • • • • • •	14b		+		
15	28% rate gain	15		-		-1,321,552.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For		-T Part I line 4a) If lii	nes 14a and 1	15. colun	
to Pa	rt V, and <b>do not</b> complete Part IV If line 15, column (3), is a net loss, complete Part IV.	art IV a	and the Capital Loss Ca	arryover Worl	κsheet, ε	as necessary
Par	t IV Capital Loss Limitation		<del></del>			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I, lı	ne 4c, if a trust), the s	smaller of		
					16 (	3,000)
Note	The loss on line 15, column (3) or b \$3,000	e 1, lin	e 22 (or Form 990-T,	line 34), is a	loss, co	mplete the Capital Loss
	over Worksheet on page 7 of the instructions to figure your capital loss carryover Tax Computation Using Maximum Capital Gains Rate					
Par	1041 filers. Complete this part only if both lines 14a and 15 in colu		O) are gaine or an a	mount is or	ntored i	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			illount is ei	itered ii	in alt for Fait if and
	tion: Skip this part and complete the worksheet on page 8 of the instruc					
• E	ther line 14b, col (2) or line 14c, col (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	n 990-T trusts. Complete this part only if both lines 14a and 15 are					
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pai or line 14b, col. (2) or line 14c, col. (2) is more than zero.	п апо	complete the wor	ksneet on p	age 8	of the instructions if
		4)	47		T	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4) .	17		1	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero					
10						
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20 If zero or less, enter -0		22			
23	Subtract line 22 from line 17 If zero or less, enter -0-		23		]	
					]	
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,300		24		] ]	
25	Is the amount on line 23 equal to or more than the amount on line 24	?				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					
	No. Enter the amount from line 23				4	
26	Subtract line 25 from line 24		26		-	
27	Are the amounts on lines 22 and 26 the same?		-			
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27		- }	
	5 · 11 · 00 (K) · 00 · 11 · 1 · 0 · 0					
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		-	
20	Culturat line 29 from line 27		29			
29	Subtract line 28 from line 27 Multiply line 29 by 15% (15)		• • • • • • • • • • • • • • • • • • • •		30	
30 31	Multiply line 29 by 15% (15)			and Truete	130	
31	(see the Schedule Ginstructions in the instructions for Form 1041).				31	
	(See the deficulte offishactions in the methodicine for Form For F).				\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate				-	
	(see the Schedule Ginstructions in the instructions for Form 1041).				33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 lin					
	G, line 1a (or Form 990-T, line 36)				34	
	<u> </u>		<del></del>			dule D (Form 1041) 2009

RICHARD E. AND DEBORAH L. TARRANT
FORM 990-PF - PART IV

Kınd of P	roperty	Description			P 5 D	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
			, S CORPOR	ON TRUST FUN ATION, AND O			8,690.	
			, S CORPOR	N TRUST FUNI ATION, AND ( OR LOSS			-1330242.	·
OTAL GAIN(LO	oss)				· · · · · · · · ·		1321552.	