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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 Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2009, or tax year beginning , 2009, and ending Initial Return of a former public charity Final return G Check all that apply Initial return Address change Amended return Name change Employer identification number Use the S D Ireland Cancer Research Fund, Inc. 03-0369213 IRS label Otherwise. P.O. Box 2286 В Telephone number (see the instructions) print South Burlington, VT 05407-2286 802-863-6222 or type See Specific If exemption application is pending, check here Instructions 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust If private foundation status was terminated Accounting method X Cash Fair market value of all assets at end of year J under section 507(b)(1)(A), check here. (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) 103,117 Part | Analysis of Revenue and (b) Net investment (a) Revenue and (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for charitable expenses per books income income purposes (cash basis only) (seé the instructions)) 218,669 Contributions, gifts, grants, etc, received (att sch) if the foundn is not req to att Sch B Interest on savings and temporary 567. 567 567 cash investments Dividends and interest from securities 5a Gross rents b Net rental income 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances c Gross profit/(loss) (att sch) 11 Other income (attach schedule). 567 567 12 Total. Add lines 1 through 11 219,236 13 Compensation of officers directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) **b** Accounting fees (attach sch) c Other prof fees (attach sch) AUG 2 8 2010 OPERATING 17 Interest 34 See Stm 1 18 Taxes (attach schedule)(see instr.) Depreciation (attach 19 ATIVE sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings. Printing and publications EXPENSES 23 Other expenses (attach schedule) 1,677. See Statement 2 1,677 24 Total operating and administrative expenses. Add lines 13 through 23 1,677 1,711 168,000. 25 Contributions, gifts, grants paid Part XV 168,000 Total expenses and disbursements. 169,677. 0. 0 169,711 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses 49,525

567

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567.

and disbursements

b Net investment income (if negative, enter 0-).

C Adjusted net income (if negative, enter -0-)

Form 990-PF (2009) S D Ireland Cancer Research Fund, Inc. 03-0					369213 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Beginning of year				of year	
rari.	<u> </u>	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash – non-interest-bearing	53,592.	103,117	. 103,117.
	2	Savings and temporary cash investments			
1	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 the instructions).		. ·a· .	
.	7	Other notes and loans receivable (attach sch)	-		
S		Less allowance for doubtful accounts ▶			
<u>s</u>	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments – U.S. and state government obligations (attach schedule).		·	
j	t	Investments — corporate stock (attach schedule)			
	c	Investments — corporate bonds (attach schedule)		· 	
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers –	53,592.	103,117	103,117.
	17	see instructions. Also, see page 1, item I)	33,392.	103,117	105,117.
ī	17	Accounts payable and accrued expenses	 		-
A B	18 19	Grants payable Deferred revenue			
ĭ	20	Loans from officers, directors, trustees, & other disqualified persons			-
L	21	Mortgages and other notes payable (attach schedule)			
Ť		Other liabilities (describe)			-
I E	22	Other habilities (describe	-		
<u> </u>	23	Total liabilities (add lines 17 through 22)	0.	0	<u>).</u>
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	ļ		
N 6		•	[2 [02	103,117	,
N F E U T N	24	Unrestricted	53,592.	103,117	
T N	25	Temporarily restricted			┥
A	26	Permanently restricted			
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	1		
TA	27	Capital stock, trust principal, or current funds		 	_
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			_
O E	29	Retained earnings, accumulated income, endowment, or other funds	·		
RS	30	Total net assets or fund balances (see the instructions)	53,592.	103,117	<u>/ . </u>
	31	Total liabilities and net assets/fund balances (see the instructions)	53,592.	103,117	7.
Part	III	Analysis of Changes in Net Assets or Fund Balance			
		il net assets or fund balances at beginning of year – Part II, colu		gree with	
•	end-	of-year figure reported on prior year's return)	(2), 00 (ļ	53,592
2	Ente	er amount from Part I, line 27a		<u> </u>	49,525
3	Other	increases not included in line 2 (itemize)			3
4		lines 1, 2, and 3			103,117
5		eases not included in line 2 (itemize)			5
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), I	ine 30	6 103,117

		nd Cancer Research Fund			03-0369213	Page 3
		osses for Tax on Investmen		(b) How acquired	(C) Date acquired	(d) Date sold
(2·s	a) List and describe tory brick warehous	P - Purchase	(month, day, year)	(month, day, year)		
		,		D — Donation		
1a N/A						
b					 	
c					 	
					 	
	sales price	(f) Depreciation allowed	(g) Cost or other bas	sis	(h) Gain or	(loss)
(0) 0.000		(or allowable)	plus expense of sal		(e) plus (f) m	inus (g)
<u>а</u>	-		''			
			<u> </u>			
С						
d						
е						
Complete or	nly for assets show	ng gain in column (h) and owned by	the foundation on 12/31/69	9	(I) Gains (Col	umn (h)
	arket Value 2/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (nan -0-) or Losses (f	
а						
b			- <u></u>			
с						
d						
e						
2 Capital gain	net income or (net	capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7			
3 Net short-te	rm capital gain or (loss) as defined in sections 1222(5)	and (6) [.]			
lf gain, also	enter in Part I. line	8, column (c) (see the instructions)). If (loss), enter -0-	.		
ın Part I, Iın	e 8			3	<u> </u>	
Part V Qua	<u>lification Under</u>	Section 4940(e) for Reduce	d Tax on Net Investm	ent Income		
(For optional use	by domestic private	e foundations subject to the section of	4940(a) tax on net investme	ent income)	N/A	
If section 4940(d)	(2) applies, leave t	his part blank				
, ,	• • • • • • • • • • • • • • • • • • • •	·		10		П.,
		tion 4942 tax on the distributable an		se perioa?	∐ Yes	No
		ify under section 4940(e). Do not co		a ony ontros		·
	· ·	n each column for each year, see th		ig any entries	(d)	
Base pe Calendar ye	(a) riod years ar (or tax year ning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets (co	Distribution Distribution Iumn (b) divided	
2	008					
	007					
2	006					_
2	005					
2	004					
						
2 Total of line	e 1, column (d)			2		
3 Average dis	stribution ratio for the	ne 5-year base period — divide the to n has been in existence if less than !	otal on line 2 by 5, or by the 5 years	3		
4 Enter the ne	et value of nonchar	itable-use assets for 2009 from Part	X, fine 5	4		
5 Multiply line	e 4 by line 3			5		
6 Enter 1% o	f net investment ind	come (1% of Part I, line 27b)		6		
7 Add lines 5	and 6			7	<u> </u>	
8 Enter qualit	ying distributions fr	om Part XII, line 4		8	<u></u>	
If line 8 is e Part <u>V</u> I inst	equal to or greater t	han line 7, check the box in Part VI,	line 1b, and complete that	part using a 1	% tax rate See	the
BAA				-	For	m 990-PF (2009)

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru	ctions)		
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.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,			11.
check here ▶ 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			
foundations only Others enter -0-)			<u>0.</u>
3 Add lines 1 and 2			11.
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-			<u>11.</u>
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009			
b Exempt foreign organizations — tax withheld at source 6b			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			
7 Total credits and payments Add lines 6a through 6d			0.
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			<u>11.</u>
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be Credited to 2010 estimated tax			
Part 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 it participate or intervene in any political campaign?	1 a	Yes	No X
b 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 materials published or distributed by the foundation in connection with the activities.			
c Did the foundation file Form 1120-POL for this year?	1 c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
(1) On the foundation ►\$ 0. (2) On foundation managers ►\$0	.]		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
foundation managers. • \$ 0.			l v
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities	2		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
of 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
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If 'Yes,' attach the statement required by General Instruction T.			
 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 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	- X	
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	
8a Enter the states to which the foundation reports or with which it is registered (see 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 (or designate) of each state as required by <i>General Instruction G² If 'No,' attach explanation</i>	8b	X	
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)? If 'Yes,' complete Part XIV	9_		х
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			v
and addresses BAA	10 orm 99	0-PF	(2009)

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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		X
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	applica	ition?	13	Х	
14	Website address ► <u>sdirelandcancerresearch.org</u> The books are in care of ► Andrew Marks Telephone		802-8	53-62	22	
	Located at ► 193 Industrial Avenue williston VT ZIP + 4 ►	054				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			N/A	-	
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	15			N/A
Par	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 8	a During the year did the foundation (either directly or indirectly)	_				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	1 1	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	XNo			
	(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			
ı	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction).	ns)?		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		<u>X</u>
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)).					
i	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			l		
ا	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(all years listed, answer 'No' and attach statement — see the instructions)	(a)(2) a)(2) to		2 b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	nere				
	► 20, 20, 20			1	l	
3	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 No		į	i
	b 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 determine if the foundation had excess business holdings in 2009)	_		3 b	_N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Χ_
	b 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?			4 b		Х
RΔ			E.	rm 990	DE /	(2000)

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Part VII-B Statements Regarding Activiti	es for Which Form	ı 4720 May Be Reqi	uired (continued)			
5a During the year did the foundation pay or incu	r any amount to:					
(1) Carry on propaganda, or otherwise attempt	it to influence legislatio	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 ition drive?	1 4955); or to carry	Yes X No			
(3) Provide a grant to an individual for travel,	Yes X	No	i			
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	rganization described uctions)	Yes X	No	- [
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No		
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 except ding disaster assistance	tions	5 b	N/A_	
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ ∐		ļ	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Regi	sibility for the grant?		N/A Yes	No		
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premiums	Yes X	No	-	
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	ums, directly or indirec	tly, on a personal benef	fit contract?	6b	<u> </u>	
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	ction? Yes X	No		
b If yes, did the foundation receive any proceed				7 b	N/A	
Part VIII Information About Officers, D	rectors, Trustees,	Foundation Manag	jers, Highly Paid E	mployees	, —	
and Contractors 1 List all officers, directors, trustees, foundation	n manager and their		mustions)			
List all officers, directors, trustees, foundation	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense	account	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances	
Scott D. Ireland	Pres & Direc	0.	0.		0.	
169 Westview Drive	1.00					
Shelburne, VT 05482						
Kimberly Ireland 169 Westview Drive	VP,Sec&Direc 2.00	0.	0.		0.	
Shelburne, VT 05482						
Andrew Marks	Treasurer	0.	0.		0.	
150 Rivervale Road Shelburne, VT 05482	1.00				~·····································	
2 Compensation of five highest-paid employee	es (other than those in	cluded on line 1— see ir	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 other allo	account, wances	
None						
	<u> </u>					
Total number of other employees paid over \$50,00)		•		0	
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and Contractors (continued)	·		<u>-</u>
3 Five highest-paid independent contractors fo enter 'NONE.'	r professional services — (see i	nstructions). If none,	
(a) Name and address of each person paid	more than \$50,000	(b) Type of service	(c) Compensation
None			
Total number of others recovers over \$50,000 for a	reference convers		
Total number of others receiving over \$50,000 for p			
Part IX-A Summary of Direct Charitable	Activities		
List the foundation's four largest direct charitable activities during			
List the foundation's four largest unect charitable activities during) the tax year. Include relevant statistical i	information such as the number of	Evnenses
List the foundation's four largest direct charitable activities during organizations and other beneficiaries served, conferences convened	the tax year. Include relevant statistical indicates the desired papers produced, etc.	information such as the number of	Expenses
organizations and other beneficiaries served, conferences convene	of the tax year include relevant statistical in the tax year in the ta	Information such as the number of	Expenses
·	the tax year Include relevant statistical id, research papers produced, etc	Information such as the number of	Expenses
1 <u>N/A</u>	the tax year Include relevant statistical indexed, research papers produced, etc	Information such as the number of	Expenses
·	the tax year Include relevant statistical id, research papers produced, etc	Information such as the number of	Expenses
1 N/A	the tax year Include relevant statistical in the tax year Include relevant statistical in the tax year produced, etc	Information such as the number of	Expenses
1 <u>N/A</u>	the tax year Include relevant statistical in difference in the tax year include relevant statistical in difference in the tax year.	Information such as the number of	Expenses
1 <u>N/A</u>	the tax year Include relevant statistical id, research papers produced, etc	Information such as the number of	Expenses
1 <u>N/A</u>	the tax year Include relevant statistical id, research papers produced, etc	Information such as the number of	Expenses
1 <u>N/A</u>	the tax year Include relevant statistical id, research papers produced, etc	Information such as the number of	Expenses
2	the tax year Include relevant statistical id, research papers produced, etc	Information such as the number of	Expenses
2	the tax year Include relevant statistical id, research papers produced, etc	Information such as the number of	Expenses
2			Expenses
1 N/A	Investments (see instruct	tions)	Expenses
2 3 4 Part IX-B Summary of Program-Related	Investments (see instruct	tions)	
2 3 4 Part IX-B Summary of Program-Related Describe the two largest program-related investme	Investments (see instruct	tions)	
2 3 4 Part IX-B Summary of Program-Related Describe the two largest program-related investme	Investments (see instruct	tions)	
2 3 4 Part IX-B Summary of Program-Related Describe the two largest program-related investme	Investments (see instruct	tions)	
2 3 4 Part IX-B Summary of Program-Related Describe the two largest program-related investme 1 N/A	Investments (see instruct	tions)	
2 3 4 Part IX-B Summary of Program-Related Describe the two largest program-related investme 1 N/A 2	Investments (see instruct	tions)	
2 Part IX-B Summary of Program-Related Describe the two largest program-related investme 1 N/A 2 All other program-related investments See instructions	Investments (see instruct	tions)	
2 3 4 Part IX-B Summary of Program-Related Describe the two largest program-related investme 1 N/A 2	Investments (see instruct	tions)	
2 Part IX-B Summary of Program-Related Describe the two largest program-related investme 1 N/A 2 All other program-related investments See instructions	Investments (see instruct	tions)	
2 Part IX-B Summary of Program-Related Describe the two largest program-related investme 1 N/A 2 All other program-related investments See instructions	Investments (see instruct	tions)	

see instructions.)	,	·
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	1a	
a Average monthly fair market value of securities	1b	75,693.
 b Average of monthly cash balances c Fair market value of all other assets (see instructions) 	1 c	73,033.
,	1 d	75,693.
d Total (add lines 1a, b, and c)	 "" 	13,033.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0.		
(attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets	2	0.
	3	75,693.
		13,033.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,135.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	74,558.
6 Minimum investment return. Enter 5% of line 5	6	3,728.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ating	foundations
and certain foreign organizations check here ► and do not complete this pa	rt.)	
1 Minimum investment return from Part X, line 6.	1	3,728.
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	11.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	3,717.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	3,717.
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	3,717.
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	169,677.
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).	3ь	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	169,677.
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	169,677.

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

BAA Form 990-PF (2009)

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, line 7				3,717.
2 Undistributed income, if any, as of the end of 2009				3,111.
a Enter amount for 2008 only			0.	
b Total for prior years 20, 20, 20	 	0.	-	
3 Excess distributions carryover, if any, to 2009 a From 2004				
b From 2005				
c From 2006 141, 369.				
d From 2007 170,725.				
e From 2008 175, 859.				
f Total of lines 3a through e	487,953.			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 169,677.	:		li li	
a Applied to 2008, but not more than line 2a			0.	
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				3,717.
e Remaining amount distributed out of corpus	165,960.			
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))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	653,913.			
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.	<u> </u>	
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
The La Parable anioant Sec Hot, addone				
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				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.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	653,913.			
10 Analysis of line 9				
a Excess from 2005 b Excess from 2006 141,369.				
c Excess from 2007 170, 725.				
d Excess from 2008 175, 859.				
e Excess from 2009 165, 960.				

Form 990-PF (2009) S D Ireland Canc				03-0369213	
Part XIV Private Operating Foundati					N/A
1 a if the foundation has received a ruling or is effective for 2009, enter the date of the	ruling		-		4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2000	Prior 3 years	(d) 2006	(a) Total
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(a) 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			ļ		
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c		<u> </u>			
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets(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				ŀ	
(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					
Part XV Supplementary Information	(Complete this	part only if the	organization h	ad \$5,000 or mor	e in
assets at any time during t		nstructions.)	· · · · · ·		
1 Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have None	have contributed n	nore than 2% of the than \$5,000) (See	total contributions e section 507(d)(2)	received by the found	dation before the
b List any managers of the foundation who	own 10% or more	of the stock of a co	rnoration (or an equ	ially large portion of	the ownership of
a partnership or other entity) of which the	e foundation has a	10% or greater inte	rest	adily large pertion of	wie enmerenip er
2 Information Deposits of Contribution Con-	mt Citt I cam Cab	olarchin etc Bro-	· · · · · · · · · · · · · · · · · · ·		
2 Information Regarding Contribution, Grand Check here X if the foundation only requests for funds If the foundation makes and the second data to	makes contribution	s to preselected ch	arıtable organızatıoı	ns and does not acce ganizations under oth	ept unsolicited ner conditions,
a The name, address, and telephone numb	er of the person to	whom applications	should be addresse	ed	
a me name, address, and telephone manie	ici di the person to	wildin applications	Siloulu pe addi ose		
b The form in which applications should be	submitted and info	ormation and materi	als they should incl	ude	
b The form in which applications should be	. Jubililited and illie	in and materi	als mey should me.	445	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of	institutions, or other	factors
BAA	ר	TEEA0310L 07/06/09		F	orm 990-PF (2009)

Page **11**

3 Grants and Contributions Paid During the You	ear or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of		Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year UVM College of Medicine Main Street Burlington, VT 05405, VT 05405		509(a)	Funding for Cancer Research	168,000.
			▶ 3a	a 168,000.
Total b Approved for future payment		1		100,000.
Total			▶ 3	Ь

Part XVI-A Analysis of Income-Producing Activities

Enter gross	s amounts unless otherwise indicated	Unrelated business income E			by section 512, 513, or 514			
1 Prog	ram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)		
_				Code		(see the instructions)		
a								
								
			 			· · · · · · · · · · · · · · · · · · ·		
f								
g Fees	and contracts from government agencies							
2 Mem	bership dues and assessments							
3 Interes	st on savings and temporary cash investments			14	567.			
4 Divid	ends and interest from securities							
5 Net r	ental income or (loss) from real estate							
a Debt	-financed property							
	debt-financed property							
6 Net re	ntal income or (loss) from personal property							
7 Othe	r investment income							
	or (loss) from sales of assets other than inventory							
9 Net i	ncome or (loss) from special events							
10 Gros	s profit or (loss) from sales of inventory							
11 Othe	r revenue.							
a								
	 			ļ				
c								
d								
-						Į.		
e				 	5.57			
e	otal Add columns (b), (d), and (e)				567.			
e	I. Add line 12, columns (b), (d), and (e)				567. 1 3	567.		
e		ilculations)						
e	I. Add line 12, columns (b), (d), and (e)		ishment of Exemp	ot Purpo	13			
e	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca	Accomp			nses	567.		
e Subt 13 Tota (See work	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
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e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
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e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
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e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		
e 12 Subt 13 Tota (See work Part XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca -B Relationship of Activities to the	Accomp			nses	567.		

Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) Х 1a(2) (2) Other assets **b** Other transactions 1b(1) (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1 b (2) (3) Rental of facilities, equipment, or other assets 1 b (3) 1b(4) (4) Reimbursement arrangements 1 b (5) (5) Loans or loan guarantees Х 1 b (6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1 c d if the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (b) Amount involved (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If 'Yes,' complete the following schedule (c) Description of relationship (a) Name of organization (b) Type of organization N/A Under penalties of perjury, I declare that complete. Declaration of preparer (other amused this return pecluding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and belief and belief, it is true, correct, and belief and belief and belief. Treasurer Title Signature of officer or trustee Date Preparer's Identifying number (See Signature in the instrs) Date Check if reparer's **Paid** signature Andrew Marks N/A employed Pre-ANDREW MARKS CPA N/A parer's Firm's name (or yours if self-employed). EIN Use

Form 990-PF (2009)

(802) 863-6222

Phone no

150 RIVERVALE RD

SHELBURNE.

VT 05482-4416

Only

BAA

address, and ZIP code

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

S D Ireland Cancer Research	Fund, Inc.	03-0369213				
Organization type (check one)						
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					
1 Offit 950-F1	4947(a)(1) nonexempt charitable trust treated	as a private foundation				
	501(c)(3) taxable private foundation	as a private realization.				
Check if your organization is covered by the Note: Only a section 501(c)(7), (8), or (10) or	General Rule or a Special Rule rganization can check boxes for both the General Rul	le and a Special Rule See instructions				
General Rule -	E7 000 DE that was and down the come &E 000					
contributor (Complete Parts I and II)	EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one				
Special Rules -						
509(a)(1)/170(b)(1)(A)(vi) and received from a	g Form 990 or 990-EZ, that met the 33-1/3% support in the grant one contributor, during the year, a contribution of the grant or (ii) Form 990-EZ, line 1 Complete Parts I and II	test of the regulations under sections reater of (1) \$5,000 or (2) 2% of the				
For a section 501(c)(7), (8), or (10) organ	nization filing Form 990 or 990-EZ, that received from	any one contributor, during the year,				
aggregate contributions of more than \$1, prevention of cruelty to children or anima	000 for use <i>exclusively</i> for religious, charitable, scientials. Complete Parts I, II, and III	itific, literary, or educational purposes, or the				
For a section 501(c)(7), (8), or (10) organ	nization filing Form 990 or 990-EZ, that received from	any one contributor, during the year,				
contributions for use <i>exclusively</i> for religi	ous, charitable, etc, purposes, but these contribution contributions that were received during the year for a	s did not aggregate to more than \$1,000 lf in exclusively religious, charitable, etc.				
purpose Do not complete any of the par-	ts unless the General Rule applies to this organization	on 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 Reductor Form 990, 990EZ, or 990-PF.	ction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)				
101 1 01111 000, 000EE, 01 000-1 1 1						

	B (Form 990, 990-EZ, or 990-PF) (2009)	P	age 1		of Part I	
Name of org	anization Celand Cancer Research Fund, Inc.			identification numbe	r	
	Contributors (see instructions)			<u> </u>		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions		(d) Type of contribution		
	Wright & Morrissey, Inc. P.O. Box 421 Burlington, VT 05401		,000.	Person X Payroll Noncash (Complete Pairs a noncash complete)	rt II if there	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	e ons	(d) Type of con	tribution	
2	Holicm (USA), Inc. P.O. Box 8500-6930 Philadelphia, PA 19178-6930	\$61	,018.	Person X Payroll Noncash (Complete Paus a noncash complete)	rt II if there	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	e ons	(d) Type of con		
3	Krag, Inc. 1618 Miller School Road Charlottesville, VA 22903	\$26	<u>, 357 . </u>	Person X Payroll Noncash (Complete Pais a noncash c	rt II if there	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	e ons	(d) Type of con		
4	Fergurson Waterworks 429 Troy Avenue Colchester, VT 05446	\$5	<u>,000.</u>	Person X Payroll Noncash (Complete Paus a noncash complete)	ort II if there	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	(d) Type of con		
5	RR Charlebois, Inc. 41 Hercules Drive Colchester, VT 05446	\$5	<u>,000.</u>	Person X Payroll Noncash (Complete Pa	art II if there	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	(d) Type of con		

6

Long Trail, Inc.

5520 US Route 4

Bridgewater Corners, VT 05035

5,000.

X

(Complete Part II if there is a noncash contribution)

Person Payroll

Noncash

	B (Form 990, 990-EZ, or 990-PF) (2009)	P	age 2	of 2	of Part I	
Name of org	reland Cancer Research Fund, Inc.		1 ' '	69213	ber	
	Contributors (see instructions)		103 03	03220		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	(c) Aggregate contributions		(d) Type of contribution	
7	Weinman, David & Alice 648 N 2250th Avenue Uras, IL 62376	\$7	<u>,000 .</u>	Payroll Noncash (Complete P	X Part II if there contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	Type of co	•	
8	Mikulak, Andy & Melissa PO Box 3142 Del Mar, CA 92014	\$10	<u>,000.</u>	Payroll Noncash (Complete F	X Part II if there contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	Type of co	d) ontribution	
9	Milton CAT PO Box 3851 Boston, MA 02241	\$5	<u>,000</u> .	Payroll Noncash (Complete F	Z Part II if there contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons	•	d) ontribution	
10	FW Whitcomb Corp PO Box 1000 Walpole , NH 03608	\$10	,000.	Payroll Noncash (Complete F	X Part II if there contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contribution	te ons	,	d) ontribution	
11_	Friends of Will PO Box 850804 Braintree , MA 02185	.\$9	,700.	Payroll Noncash (Complete F	X Part II if there contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contribution	te ons		d) ontribution	
		\$		Person Payroll Noncash (Complete Fis a noncash	Part II if there	

B (Form 990, 990-E2, or 990-PF) (2009)	Paç	je .		
				itification number
Noncash Property (see instructions)		_	100 0003	
(b) Description of noncash property given	FM\ (see	(or e	e) estimate) ructions)	(d) Date received
N/A			<u> </u>	
	\$		-	
(b) Description of noncash property given	FM\ (see	(or (e) inst	c) estimate) ructions)	(d) Date received
	\$			
(b) Description of noncash property given	FM\ (see	(or (e inst	c) estimate) ructions)	(d) Date received
	\$			
(b) Description of noncash property given	FM\ (sec	(or e inst	c) estimate) ructions)	(d) Date received
	\$	-		
(b) Description of noncash property given	FM'	ر) V (or e inst	c) estimate) ructions)	(d) Date received
	\$			
(b) Description of noncash property given	FM'	V (or e inst	c) estimate) ructions)	(d) Date received
	-			
	eland Cancer Research Fund, Inc. Noncash Property (see instructions) (b) Description of noncash property given N/A Description of noncash property given (b) Description of noncash property given	eland Cancer Research Fund, Inc. Noncash Property (see instructions) Description of noncash property given FM (see M/A S S S S S S S S S	eland Cancer Research Fund, Inc. Noncash Property (see instructions) Description of noncash property given FMV (or (see instructions))	Column C

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

Relationship of transferor to transferee

2009	Federal Statements	Page ¹
Client CANCER	S D Ireland Cancer Research Fund, Inc.	03-036921
8/16/10		07 28AN
Statement 1 Form 990-PF, Part I, Line 18 Taxes		
	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income	(d) Charitable <u>Purposes</u>
	Total $\frac{\$}{\$}$ $\frac{34.}{34.}$ $\frac{\$}{\$}$ $\frac{0.}{\$}$ $\frac{\$}{\$}$	<u>\$ 0.</u>
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income	(d) Charitable <u>Purposes</u>
Service Charges Telephone	Total $\frac{\$}{\$}$ $\frac{663.}{1,014.}$ $\frac{\$}{\$}$ $\frac{0.}{\$}$ $\frac{\$}{\$}$ $\frac{0.}{\$}$	\$ 663. 1,014. \$ 1,677.