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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

SCANNED MAY 2 1 2010

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

| For cal | endar year 2009, or tax year beginning | , 2009 | , and ending | , | |
|-------------------|---|------------------------------|---------------------------------------|------------------------------|-------------------------|
| G Che | eck all that apply Initial return | Initial Return of a former p | ublic charity | Fin | al return |
| | Amended return | X Address | hange Name | change | |
| Use ti | he l | | A | Employer identification nui | nber |
| IRS lat | | INC. | | 22-3684209 | |
| Otherw | rise, 502 MURPHY LANE | | В | Telephone number (see the | instructions) |
| prin or typ | | | | (518) 251-371 | |
| See Spe | | | c | If exemption application is | |
| Instruct | | | | 1 Foreign organizations, che | · — |
| H C | theck type of organization: X Section | 501(c)(3) exempt private f | | 2 Foreign organizations meet | |
| ř | Section 4947(a)(1) nonexempt charital | | | here and attach computation | on P |
| 1 5 | | Accounting method: X C | | If private foundation status | was terminated |
| (1 | from Part II, column (c), line 16) | Other (specify) | _ | under section 507(b)(1)(A) | , check here. |
| ⊳ s | | | F | If the foundation is in a 60 | |
| Part I | Analysis of Revenue and | art I, column (d) must be or | r casri basis) | under section 507(b)(1)(B) | , check here. |
| Faiti | Expenses (The total of amounts in | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | columns (b), (c), and (d) may not ned | expenses per books | ıncome | income | for charitable purposes |
| | sarily equal the amounts in column (a |) | | | (cash basis only) |
| | (see the instructions)) | 1 222 | | ļ | |
| | 1 Contributions, gifts, grants, etc, received (att s 2 Ck if the foundn is not reg to att Sch | | | | |
| | 3 Interest on savings and temporary | · | · · · · · · · · · · · · · · · · · · · | | |
| | cash investments . | | | | • |
| | 4 Dividends and interest from securities | 59,542. | 59,542. | 59,542. | |
| | 5a Gross rents . | | W | | |
| | b Net rental income or (loss) | | | | |
| R E V | 6a Net gain/(loss) from sale of assets not on line D Gross sales price for all | | | | |
| V | B Gross sales price for all assets on line 6a | 2. | · | | |
| E N | 7 Capital gain net income (from Part IV, line 2) | | 0. | | |
| N U | 8 Net short-term capital gain | | | | |
| Ĕ | 9 Income modifications. | | | | |
| | 10a Gross sales less returns and allowances | 4 | - | | • |
| | b Less Cost of goods sold | | , | | |
| | c Gross profit/(loss) (att sch) | | <u> </u> | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | 11 Other moorne (attach schedule) | | | | |
| | 12 Total. Add lines I through his | 37,563. | 59,542. | 59,542. | , , , |
| | 13 Compense por of afficers, directors, therees, a | etc 0. | | | |
| | | | | | |
| | 15 Pension plans, employee benefits | | | | |
| A | 16 a Legal legs (attachysch) SEE ST | | | | |
| Ņ | b Accounting ties (attachisch) (SEE ST | 1 1,080. | | 1,080. | |
| Ņ | c Otner prot fees (attach sch) | <u>i</u> | | | |
| O I S T R A T T | 17 Interest | 22. | | 22. | |
| P S E T R R | 18 Taxes (attach scheduleXsee instr.) SEE STM | 2 5,585. | | 5,585. | |
| A A | 19 Depreciation (attach sch) and depletion | | | | ļ |
| N V | 20 Occupancy | | | | |
| GΕ | 21 Travel, conferences, and meetings | 1,736. | | 1,736. | |
| A E N X D P | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | _ | | | |
| E N | SEE STATEMENT | | | 1,547. | |
| S E S | 24 Total operating and administrative expenses. Add lines 13 through 23 | 9,970. | | 9,970. | |
| S | 25 Contributions, gifts, grants paid PART X | | | 3,370. | 107,039. |
| | 26 Total expenses and disbursement | | | <u> </u> | 107,033. |
| | Add lines 24 and 25 | 117,009. | 0. | 9,970. | 107,039. |
| | 27 Subtract line 26 from line 12: | · | | | |
| | a Excess of revenue over expenses and disbursements. | -79,446. | 1 | | |
| | | | 59,542. | | |
| | b Net investment income (if negative, enter -0-). C Adjusted net income (if negative, enter -0-) | 3, | 39,342. | 49,572. | , _w |
| | a najusted net income (it negative, enter -U-) | | | 1 27,312. | |



Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

3,561,684.

4

5

6

| | | | it income | | | |
|-----------------------|--|---|--|--------------|--|------------------------------|
| | (a) List and describe 2-story brick warehous | (b) How acqu P — Purcha | ase (month, day, year | | | |
| | 210.284 DAVIS NEW Y | D — Donat | | 10/20/00 | | |
| | | P | 3/04/05 | | | |
| | 2.241 DAVIS NEW YOR 741.21 DAVIS NEW YO | P | 3/04/05 | | | |
| | | P | 3/04/05 | | | |
| | | ITY REAL RETURN STRATEO ODITY REAL RETURN STRA | | P P | 3/04/05 | |
| e | | | | | 3/04/05 | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other base plus expense of sa | | (h) Gain ((e) plus (f) | |
| a | 6,400. | | | 6,742. | _ | -342. |
| | 62. | | | 72. | | -10. |
| | 20,000. | | 2 | 3,763. | | -3,763. |
| | 7,000. | | 1 | 4,251. | | -7,251. |
| e | 10,000. | | 2 | 1,943. | | -11,943. |
| | Complete only for assets show | ing gain in column (h) and owned by | the foundation on 12/31/69 | 9 | (I) Gains (C | olumn (h) |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if a | | gain minus column than -0-) or Losses | |
| a | 1 | | · | | | -342. |
| t |) | | | | | -10. |
| | <u>:</u> | | | | | 3,763. |
| | <u> </u> | | <u> </u> | | | <u>-7,251.</u> |
| 6 | <u> </u> | | | | | -11,943. |
| 2 | Capital gain net income or (net | capital loss) If gain, also | enter in Part I, line 7 ter -0- in Part I, line 7 | - } | 2 | -23,309. |
| 3 | Net short-term capital dain or (| loss) as defined in sections 1222(5) | _ | ŀ | | 23,307. |
| • | , | • | `` | Ì | | |
| | If gain, also enter in Part I, line in Part I, line | e 8, column (c) (see the instructions) |) If (loss), enter -0- | - | 3 | 0. |
| Par | | Section 4940(e) for Reduce | d Tay on Net Investme | ent incor | <u> </u> | |
| | | foundations subject to the section | | | | |
| γ. Ο. | optional doo by domestic private | roundations subject to the section | +5+0(b) tax on not investine | or a modifie | ,, | |
| If se | ction 4940(d)(2) applies, leave tl | nis part blank. | | | | |
| Was | the foundation liable for the sec | tion 4942 tax on the distributable an | count of any year in the has | e pariod? | ☐Yes | □ N- |
| | | ify under section 4940(e) Do not co | , , | se periou | دسا ادع | |
| | | | | | | No |
| <u> </u> | (a) | 1 Enter the appropriate amount in each column for each year, see the instructions before making any e | | | | |
| | Base period years | | e instructions before makin | g any entri | | |
| | Calendar year (or tax year beginning in) | n each column for each year, see the (b) Adjusted qualifying distributions | | | es (d) Distribution (column (b) divide | on ratio |
| | beginning in) | (b) | e instructions before makin (c) Net value of | | (d) Distribution | on ratio |
| | | (b) | e instructions before makin (c) Net value of | | (d) Distribution | on ratio |
| | beginning in) 2008 | (b) | e instructions before makin (c) Net value of | | (d) Distribution | on ratio |
| | beginning in) 2008 2007 | (b) | e instructions before makin (c) Net value of | | (d) Distribution | on ratio |
| | beginning in) 2008 2007 2006 | (b) | e instructions before makin (c) Net value of | | (d) Distribution | on ratio |
| | beginning in) 2008 2007 2006 2005 2004 | (b) | e instructions before makin (c) Net value of | | (d) Distribution (column (b) divide | on ratio |
| 2 3 | beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for th | (b) Adjusted qualifying distributions e 5-year base period — divide the to | e instructions before makin (c) Net value of noncharitable-use as: | sets | (d) Distribution (column (b) divide | on ratio |
| | beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for th | (b) Adjusted qualifying distributions | e instructions before makin (c) Net value of noncharitable-use as: | sets | (d) Distribution (column (b) divide | on ratio |
| | beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for th number of years the foundation | (b) Adjusted qualifying distributions e 5-year base period — divide the to | e instructions before makin (c) Net value of noncharitable-use as: stal on line 2 by 5, or by the | sets | (d) Distribution (column (b) divide | on ratio |
| 3 | beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for th number of years the foundation | (b) Adjusted qualifying distributions e 5-year base period — divide the to has been in existence if less than 5 | e instructions before makin (c) Net value of noncharitable-use as: stal on line 2 by 5, or by the | sets | Column (b) divide | on ratio |
| 3 | beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for th number of years the foundation Enter the net value of nonchard | (b) Adjusted qualifying distributions e 5-year base period — divide the to has been in existence if less than 5 table-use assets for 2009 from Part | e instructions before makin (c) Net value of noncharitable-use as: stal on line 2 by 5, or by the | sets | 2 3 | on ratio |
| 3 4 5 | beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for th number of years the foundation Enter the net value of nonchariful Multiply line 4 by line 3 | (b) Adjusted qualifying distributions e 5-year base period — divide the to has been in existence if less than 5 table-use assets for 2009 from Part | e instructions before makin (c) Net value of noncharitable-use as: stal on line 2 by 5, or by the | sets | 2 3 4 | on ratio |
| 3 4 5 6 7 | beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for th number of years the foundation Enter the net value of noncharity Multiply line 4 by line 3 Enter 1% of net investment income Add lines 5 and 6 | (b) Adjusted qualifying distributions e 5-year base period — divide the to has been in existence if less than stable-use assets for 2009 from Part ome (1% of Part I, line 27b) | e instructions before makin (c) Net value of noncharitable-use as: stal on line 2 by 5, or by the | sets | 2 3 4 5 6 | on ratio |
| 3 4 5 6 | beginning in) 2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for th number of years the foundation Enter the net value of nonchari Multiply line 4 by line 3 Enter 1% of net investment incompleted and the second of t | (b) Adjusted qualifying distributions e 5-year base period — divide the to has been in existence if less than stable-use assets for 2009 from Part ome (1% of Part I, line 27b) | e instructions before making (c) Net value of noncharitable-use assetal on line 2 by 5, or by the 5 years X, line 5 | sets | 2 3 4 5 6 7 | on ratio d by column (c)) |

| Form | 990-PF (2009) RIVENDELL FOUNDATION, INC. 22-3 | 368420 | 0.0 | , | . |
|------|---|---------|-----------|--------------|-------------|
| Part | | | | | Page 4 |
| | Exempt operating foundations described in section 4940(d)(2), check here | 11151 | actions, | | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instr.) | | | • | |
| ь | Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 | | 1. | 191. |
| ~ | 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) | ١., | - | ٠ _ | - |
| | _ | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | 1, | 191. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | | 1, | 191. |
| 6 | Credits/Payments: | | | · <u>-</u> - | - 1 |
| а | 2009 estimated tax pmts and 2008 overpayment credited to 2009 6a 3, 200. | Į. | • | , | |
| ь | Exempt foreign organizations — tax withheld at source 6b | | • | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | | | | |
| | Backup withholding erroneously withheld 6d | | ` | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | | 3,: | 200. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here I 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 . | 9 | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. | 10 | _ | 2, | 009. |
| 11 | Enter the amount of line 10 to be: Credited to 2010 estimated tax | 11 | | | 0. |
| Parl | VII-A Statements Regarding Activities | | | | |
| | 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? | | 1a | | Х |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | 1ь | | х |
| | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials pur or distributed by the foundation in connection with the activities | blished | | | _ |
| c | Did the foundation file Form 1120-POL for this year? | | 1c | i | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | 0. | İ | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers. • \$ 0. | on | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| _ | If 'Yes,' attach a detailed description of the activities. | | <u> </u> | | |
| 2 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | L | |
| 3 | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | • | 3 | | X |
| 4 a | 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 co | nflict | | | |
| | 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 | Х | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see the instructions). NY | | | - | |
| 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 General Instruction G? If 'No,' attach explanation | | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | 494200 | 5) | | |
| , | for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete | Part X | iv 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their n and addresses | ames | 10 | | _X_ |
| ВАА | | | Form 99 | 0-PF | (2009) |

TEEA0304L 07/06/09

| Part VII-A Statements Regarding Activities Continued | | | |
|--|----------------|-------|------------------|
| At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 | | Х |
| 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | х |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address. ▶ N / N | 13 | х | <u> </u> |
| website address | 576 | 974 | - - 8 |
| Located at ► 374 HULLS FALLS ROAD KEENE NY ZIP + 4 ► 12942-035 | _ _ | | |
| 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>N/A</u> |
| Part 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. | Γ | Van | No |
| 1a During the year did the foundation (either directly or indirectly) | | Yes | NO |
| (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? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | 1 | 1 |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | ļ | - |
| (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| for the benefit or use of a disqualified person)? Yes X No | | - 1 | - [|
| (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) | | | , |
| 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 instructions)? | 1 b | N | 'A |
| Organizations relying on a current notice regarding disaster assistance check here | | . 1 | Į |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? | 1 c | | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? | | | 1 |
| If 'Yes,' list the years ► 20 , 20 , 20 | | | 1 |
| 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) to | | 77 | |
| all years listed, answer 'No' and attach statement — see the instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 2b | N/ | A |
| ► 20, 20, 20 | - | | |
| 3a 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 | | | |
| b ii "Yes, viru 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 approved 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 |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | х_ |
| 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? | 4b | | X |
| | rm 990 | LPE (| 2000 |

| Form 990-PF (2009) RIVENDELL FOUNDATI | | | 22-368 | 84209 | P | age 6 |
|---|--|---|--|---------------------------|---|--------------|
| Part VII-B Statements Regarding Activiti | | 4720 May Be Requ | uired (continued) | | | |
| 5a During the year did the foundation pay or incu | - | - /1 - AOAE / NO | | | ļ | |
| (1) Carry on propaganda, or otherwise attemp | 3 | | ∐ Yes X | No | . | 4 - 1 1 |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | ation drive? | , | \vdash | No . | . | . ; |
| (3) Provide a grant to an individual for travel, | study, or other similar | purposes? | Yes X | No | - 1 | |
| (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 prevention | us, charitable, scientific n of cruelty to children | c, literary, or or animals? | Yes X | No | | 1 |
| 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 exception disaster assistance | tions | . 5b | N | /A |
| Organizations relying on a current notice rega | rding disaster assistanc | ce check here | ▶ [| | | - |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response of 'Yes,' attach the statement required by Region 16. | sibility for the grant? | • | N/A Yes | No | | , |
| 6a Did the foundation, during the year, receive an | ny funds, directly or ind | irectly to pay premiums | s | | | ٠ |
| on a personal benefit contract? | | | . ∐Yes X | No | | |
| b Did the foundation, during the year, pay premise of 'Yes' to 6b, file Form 8870 | iums, directly or indirec | tly, on a personal bene | fit contract? . | . 6b | | <u>X</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 | <u>. </u> | |
| b If yes, did the foundation receive any proceed | | | | 7 b | N | /A |
| Part VIII, Information About Officers, Danie and Contractors | irectors, Trustees, | Foundation Manag | gers, Highly Paid E | mployees | , | |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see inst | ructions). | · | | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to | (e) Expense other allo | | |
| ELISE WIDLUND | PRESIDENT | 0. | 0. | 1 | | 0. |
| PO BOX 279 | 1.00 | | | | | |
| NORTH RIVER, NY 12856 | | | | | | |
| WENDY KRUSSMAN | VICE PRESIDE | 0. | 0. | | | 0. |
| 502 MURPHY LANE | 1.00 | | | | | |
| HOCKESSIN, DE 19707 WILLIAM EBEN WIDLUND | SECRETARY | 0. | 0. | | | |
| 545 STEBBINS ROAD | 1.00 | ۱ | υ. | | | υ. |
| JEFFERSONVILLE, VT 05464 | |] | |]. | | |
| WILLIAM WIDLUND | TREASURER | 0. | 0. | | | 0. |
| PO BOX 279 | 1.00 | | | [| | |
| NORTH RIVER, NY 12856 | - (-4h4h | ludad as line d | -AA'> 16 | | | |
| Compensation of five highest-paid employee (a) Name and address of each employee | (other than those inc | cluded on line 1 – see in | | | 2000 | |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | | |
| IONE | | | | | | |
| | | | · | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| otal number of other employees paid over \$50,000 |) | | > | | | 0 |
| RAA | TEEA0306L C | | | Form 990 | DE / | <u> </u> |

| Form 990, PF (2009) RIVENDELL FOUNDATION, INC. 22-36 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued) | |
|---|---------------------------|
| 3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE. | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | . 0 |
| 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 beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| 1 SUNSHINE GOLDEN RETRIEVER RESCUE CORP. CHESHIRE CT | 9,500. |
| 2 CANINE PARTNERS FOR LIFE COCHRANVILLE PA | 9,135. |
| 3 TRUST FOR PUBLIC LANDS MONTPELIER VT | 12,000. |
| 4 SAN MIGUEL RESOURCE CENTER TELLURIDE CO | 22,039. |
| Part IX-B Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 <u>N/A</u> | , who are |
| 2 | |
| All other program-related investments See instructions 3 | |
| Total, Add lines 1 through 3 | 0. |
| Total. Add lines 1 through 3 BAA | Form 990-PF (2009) |

| | see instructions.) | , oig.: | |
|--------|--|---------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: | ١ | |
| a | Average monthly fair market value of securities | 1 a | 2,514,864. |
| b, | Average of monthly cash balances | 1 b | 9,770. |
| c l | Fair market value of all other assets (see instructions) | 1 c | |
| d. | Total (add lines 1a, b, and c) | 1 d | 2,524,634. |
| e l | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| 1 | (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets . | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 2,524,634. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 37,870. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,486,764. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 124,338. |
| Part | XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations | ating f | oundations |
| | and certain foreign organizations check here ► and do not complete this pa | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 124,338. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 . 2a 1,191. | - | |
| b | Income tax for 2009 (This does not include the tax from Part VI). | | |
| C. | Add lines 2a and 2b | 2c | 1,191. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 123,147. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 . | Add lines 3 and 4 | 5 | 123,147. |
| 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 | 123,147. |
| Part | XII Qualifying Distributions (see instructions) | | |
| 1 a | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc – total from Part I, column (d), line 26 | 1 a | 107,039. |
| 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 | Amounts set aside for specific charitable projects that satisfy the: 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 | 107,039. |
| 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 | 107,039. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years | her the | foundation |
| RΔΔ | | | 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 | Ç | | | 123,147. |
| 2 Undistributed income, if any, as of the end of 2009. | | | | |
| a Enter amount for 2008 only | 1- | | 0. | 4 |
| b Total for prior years 20 , 20 , 20 | , | 0. | | ۶. |
| 3 Excess distributions carryover, if any, to 2009 | | | | ŧ |
| a From 2004 | • | , | | ` <u>.</u> |
| b From 2005 | • • | , | , | _ |
| c From 2006 | | - | | - ' - |
| d From 2007 215, 568. | | | . ' | 1 |
| e From 2008 282, 846. | · · · | , | · | |
| f Total of lines 3a through e | 498,414. | | | , |
| 4 Qualifying distributions for 2009 from Part | | | - | • |
| XII, line 4: ► \$ 107,039. | | - 4 | | |
| 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 | · · · | , | | 107,039. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2009 | 16,108. | | | 16,108. |
| (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 | 482,306. | | | |
| b Prior years' undistributed income Subtract | 332,333 | | - | , |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section | | | | |
| 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable amount — see instructions. | | 0. | , | |
| e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount — see instructions | | | 0. | \ |
| | | | | |
| f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010. | | المنتسان بالمستدادة والمراكبين | | 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. | , | | £ 25 |
| 8 Excess distributions carryover from 2004 not | 0. | | | |
| applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 482,306. | | | |
| 10 Analysis of line 9 | | , , | | |
| a Excess from 2005 | • | | | - |
| b Excess from 2006 | | , | | |
| c Excess from 2007 199, 460. | - | | | |
| d Excess from 2008. 282,846. | | ٠, | | , - |
| e Excess from 2009 | 771 | <u> </u> | | , |

| Form 990-PF (2009) RIVENDELL FOUNDA | TION, INC. | | | 22-3684209 | Page 10 | |
|---|----------------------|-----------------------|-------------------------|---|----------------------------------|--|
| Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) | | | | | | |
| 1 a If the foundation has received a ruling or is effective for 2009, enter the date of the | ruling | • | | n, and the ruling | | |
| b Check box to indicate whether the founda | tion is a private op | erating foundation of | described in section | 4942(j)(3) or | 4942(j)(5) | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | | |
| investment return from Part X for each year listed | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total | |
| b 85% of line 2a | | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities. | | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | | |
| a 'Assets' alternative test — enter: | | 1 | | | | |
| (1) Value of all assets | | | ļ | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | | |
| c 'Support' alternative test — enter: | | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942()(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 ha | d \$5,000 or more | e in | |
| assets at any time during th | | structions.) | | | | |
| 1 Information Regarding Foundation Mana a List any managers of the foundation who | J | ore than 2% of the | total contributions r | ecawad by the found | ation before the | |
| close of any tax year (but only if they hav | e contributed more | than \$5,000). (See | section 507(d)(2).) | eceived by the lound | ation before the | |
| b List any managers of the foundation who | own 10% or more | of the stock of a cor | poration (or an equ | ally large portion of the | ne ownership of | |
| a partnership or other entity) of which the NONE | foundation has a 1 | 10% or greater inter | est | | | |
| | | | | | | |
| 2 Information Regarding Contribution, Grad Check here if the foundation only requests for funds. If the foundation make | nakes contributions | s to preselected cha | arıtable organization | s and does not accep anizations under othe | et unsolicited er conditions, | |
| complete items 2a, b, c, and d | | | | | | |
| a The name, address, and telephone number | er of the person to | wnom applications | should be addresse | 1 | | |
| SEE STATEMENT 5 | | | | | | |
| b The form in which applications should be | submitted and info | rmation and materia | als they should inclu | de | | |
| SEE STATEMENT FOR LINE 2A | | | | | | |
| c Any submission deadlines: | | | | | | |
| SEE STATEMENT FOR LINE 2A | • | | | | | |
| d Any restrictions or limitations on awards, | such as by geograp | phical areas, charita | ible fields, kinds of i | nstitutions, or other f | actors | |
| SEE STATEMENT FOR LINE 2A | | | | | | |
| BAA | т | FA03101 07/06/09 | | Fo | rm 990-PF (2009) | |

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| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
|--|---|----------------------|----------------------------------|---------|
| Name and address (home or business) | substantial contributor | recipient | oobarrer | |
| a Paid during the year SEE STATEMENT 6 | Substantial Contributor | | | |
| | | | | |
| | <u> </u> | | | |
| Total . | | T | ▶ 3a | 107,039 |
| b Approved for future payment | | | | |
| Total | | | ► 3b | |

Excluded by section 512, 513, or 514

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| 1 | · | am service revenue | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | (e) Related or exempt function income (see the instructions) |
|-------------|--------------------|--|---------------------------------------|--|--|---|--|
| | | | 1 | | + | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| • | | | | | | | |
| ç | Fees | and contracts from government agencies | | | | | |
| 2 | Memb | pership dues and assessments | L | | | | |
| 3 | | t on savings and temporary cash investments | | | | | |
| 4 | | ends and interest from securities | | | 14 | 59,542. | |
| 5 | | ental income or (loss) from real estate | | · -, · | | | |
| | | financed property | ——— | · | - | | |
| _ | | ebt-financed property | <u> </u> | | + | | |
| 6 7 | | ital income or (loss) from personal property investment income | <u> </u> | | - - - | | |
| 8 | | (loss) from sales of assets other than inventory | | | 18 | -23,309. | |
| 9 | | ncome or (loss) from special events | | | 1 - 1 | 23,303. | |
| 10 | | s profit or (loss) from sales of inventory | | | | | |
| 11 | | revenue | | | 1. | | * , ** |
| | _ | | | | 11- | · · · · · · · · · · · · · · · · · · · | |
| 1 | | | | | | | |
| | | | 1 | | | | |
| | | | | | | | |
| • | • | | | | | | |
| 12 | Subto | otal. Add columns (b), (d), and (e) | | | - ,A | 36,233. | |
| | | Add line 12, columns (b), (d), and (e) | | | | 13 | 36,233. |
| (See | works | heet in the instructions for line 13 to verify | calculations) | | | | |
| | | B Relationship of Activities to th | | | · | | |
| | ie No. ▼ N/A | Explain below how each activity for which accomplishment of the foundation's exemp | income is repo of purposes (o | orted in column (e) of ther than by providing | Part XVI-A of funds for su | ontributed important ch purposes) (See t | ly to the he instructions) |
| | •/•• | | | | | | |
| | | | | | ······································ | | |
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| | | | | | | | Form 990-PF (2009) |
| BAA | | | HEE | A0502L 07/06/09 | | | (2009) |

Unrelated business income

| _ | | | | TITON, INC. | | | ا ما الحما | 22-300 ² | | | ige 13 |
|----------|----------------|--|--|---|-------------------------------|--|----------------------------|--|--------------------------------|----------------------|------------|
| <u>P</u> | art XVII | Exempt Organ | egarding ira izations | ansfers To and Trans | actions | and Re | elationsr | lips with Nonci | naritable | 9 | |
| _ | | | | | <u> </u> | | | | Γ | Yes | No |
| | 1 Did th | ne organization directly | or indirectly e | ngage in any of the followi her than section 501(c)(3) | ng with a | ny other o | organizatio | n : 27 | | 1 | .,, |
| | relatır | ng to political organizat | ions? | ner man section 501(c)(3) | organiza | dons) or i | n section : | 027, | |]. | 1 |
| | a Trans | fers from the reporting | foundation to | a noncharitable exempt or | ganizatio | n of. | | | - | | |
| | (1) C | | | • | _ | | | | 1 a (1) | | X |
| | (2) 0 | ther assets | | | | | | | 1 a (2) | | Х |
| | b Other | transactions: | | | | | | | | | |
| | (1) S | ales of assets to a non | charitable exe | mpt organization. | | | | | 1 b (1) | | X |
| | (2) P | urchases of assets from | n a noncharita | ble exempt organization | | | | | 1 b (2) | | Х |
| | (3) R | ental of facilities, equip | ment, or other | assets | | | | | 1 b (3) | | Х |
| | (4) R | eimbursement arrange | ments | | | | | | 1 b (4) | | Х |
| | (5) L | oans or loan guarantee | s. | | | | | | 1 b (5) | | X |
| | (6) P | erformance of services | or membershi | p or fundraising solicitation | ns | | | | 1 b (6) | | Х |
| | c Shari | ng of facilities, equipme | ent, mailing lis | ts, other assets, or paid er | mployees | | | | 1 c | | Х |
| | a) Line no. | answer to any of the a cods, other assets, or stransaction or sharing at (b) Amount involved | | complete the following sch by the reporting foundation low in column (d) the value f noncharitable exempt organization | | | | vays show the fair in ess than fair marked or services receive sfers, transactions, and | | | ts |
| N | /A | | | | | | | | | | |
| _ | | | <u> </u> | | | | | | | | |
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| _ | | | | | | | | | | | |
| _ | 2a Iş the | foundation directly or | indirectly affilia | ated with, or related to, on | e or more | tax-exer | npt organi | zations | | | |
| | | s,' complete the followi | • | her than section 501(c)(3) | or in se | ction 52/ | ' | | Ye: | s [X] | No |
| _ | | (a) Name of organizati | on | (b) Type of organia | zation | | (c |) Description of rel | ationship | | |
| <u>N</u> | <u>/A</u> | | | | | | | | | | |
| _ | | | | | | <u> </u> | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | complete (| Declaration of preparer (other t | han taxpayer or fide | s return, including accompanying si aciary) is based on all information c | chedules and of which prep | a statements, parer has any | and to the be knowledge | | | e, correc | t, and |
| S | -17 | - (J. () - () | (VVVVV | | | 12/11 | LUIU | ► TREASURER | | | |
| SIGN | Signi | ature of officer or trustee | · | | | Date 1 | | Title | | | |
| | | Preparer's | 11 - | A 0 === | | Date | | Check if (See | arer's Identify Signature ا | nng num the insti | ber rs) |
| HERE | Paid Pre- | signature PCU | theid | Patter GA | | 5/07 | /10 | self- employed ► P0 | 0966838 | 3 | |
| E | parer's | | RIGBY & | PATTEN LLP | | | | EIN ► 16-16 | 44956 | | |
| | Use Only | | EVERTS AV | | | | | | | | |
| | | address, and QUEEI | NSBURY, N | Y 12804 | | | | Phone no ► (51 | 8) 792 | | |
| B | ĀĀ | | | | | | | | Form 99 | 0-PF (| 2009) |

TEEA0503L 07/06/09

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

| Name of the organization | | Employer identification number |
|--|---|---|
| RIVENDELL FOUNDATION, INC | · | 22-3684209 |
| Organization type (check one) | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not to | reated as a private foundation |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treate | ed as a private foundation |
| | 501(c)(3) taxable private foundation | |
| Check if your organization is covered by Note: Only a section 501(c)(7), (8), or (1) | the General Rule or a Special Rule 0) organization can check boxes for both the General F | Rule and a Special Rule. See instructions. |
| General Rule — | | |
| For an organization filing Form 990, 9 contributor. (Complete Parts I and II | 990-EZ, or 990-PF that received, during the year, \$5,00) | 00 or more (in money or property) from any one |
| Special Rules — | | |
| For a section 501(c)(3) organization f 509(a)(1)/170(b)(1)(A)(vi) and received fr amount on (i) Form 990, Part VIII, lin | filing Form 990 or 990-EZ, that met the 33-1/3% supportion any one contributor, during the year, a contribution of the lie 1h or (ii) Form 990-EZ, line 1 Complete Parts I and | rt test of the regulations under sections greater of (1) \$5,000 or (2) 2% of the II |
| For a section 501(c)(7), (8), or (10) or aggregate contributions of more than prevention of cruelty to children or an | rganization filing Form 990 or 990-EZ, that received fro \$1,000 for use <i>exclusively</i> for religious, charitable, sci nimals Complete Parts I, II, and III | om any one contributor, during the year, entific, literary, or educational purposes, or the |
| contributions for use exclusively for rethis box is checked, enter here the to purpose. Do not complete any of the | organization filing Form 990 or 990-EZ, that received from the eligious, charitable, etc., purposes, but these contributional contributions that were received during the year for parts unless the General Rule applies to this organization. | ons did not aggregate to more than \$1,000 If |
| religious, charitable, etc, contribution | s of \$5,000 or more during the year . | ► \$ |
| 990-PF) but it must answer 'No' on Part | ered by the General Rule and/or the Special Rules does IV, line 2 of their Form 990, or check the box on line H ne filing requirements of Schedule B (Form 990, 990-E2 | l of its Form 990-EZ, or on line 2 of its Form |
| BAA For Privacy Act and Paperwork Refor Form 990, 990EZ, or 990-PF. | eduction Act Notice, see the Instructions | Schedule B (Form 990, 990-EZ, or 990-PF) (2009) |

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2009) | Page 1 | of 1 of Part I |
|---------------|--|-----------------------------------|--|
| Name of org | DELL FOUNDATION, INC | I ' ' | r identification number 684209 |
| Part I | Contributors (see instructions) | 122 3 | 001203 |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name. address _, an <u>d ZI</u> P + 4 | (c) Aggregate contributions | (d) Type of contribution |
| - | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

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

| | 3 (Form 990, 990-EZ, or 9 | 90-PF) (2009) | | | | Page | 1 of | 1 of Part II |
|---------------------------|---------------------------|-----------------------------|------------------|----|-------------|---------------------|--------------------------------|----------------------|
| Name of organ | | | | | | | 1 | ntification number |
| RIVENDI | ELL FOUNDATION, | INC. | | | | | 22-3684 | 209 |
| Part II | Noncash Property | see instructions) | | | | | | |
| (a) No. from Part I | | (b) Description of nonca | sh property give | en | | FMV (or (see ins | (c) estimate) tructions) | (d) Date received |
| | N/A | | | | | | | |
| | | | | | \$ | | | |
| (a) No. from Part I | | (b) Description of nonca | sh property give | en | | FMV (or (see ins | (c) estimate) tructions) | (d) Date received |
| | | | | | | | | |
| | | | | | \$ | | | |
| (a) No. from Part I | | (b) Description of nonca | sh property give | en | | FMV (or (see ins | (c) estimate) tructions) | (d) Date received |
| | | | | | | | | |
| | | | | | \$ | | | |
| (a) No. from Part I | | (b) Description of nonca | sh property give | en | | FMV (or (see ins | (c) estimate) tructions) | (d) Date received |
| | | | | | | | | |
| | | | | | \$ | | | |
| (a) No. from Part I | | (b) Description of nonca | sh property give | en | | FMV (or (see ins | (c) estimate) tructions) | (d) Date received |
| | | | | | | | | |
| | | | | | \$ | | | |
| (a) No. from Part I | | (b) Description of nonca | sh property give | en | | FMV (or | (c) estimate) tructions) | (d) Date received |
| | | | | | | | | |
| | | | | | s | | ··· <u>·</u> | |
| | • | | | | | | | • |

BAA

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

| Schedule E | B (Form 990, 990-EZ, or 990-PF) (2009) | | { | Page 1 | of 1 | of Part III | | |
|---------------|--|--|-----------------------------------|---------------------------------|---|-----------------|--|--|
| Name of organ | nization | | | | Employer identifica | tion number | | |
| | ELL FOUNDATION, INC. | | | | 22-3684209 | 9 | | |
| Part III | Exclusively religious, charitable, e organizations aggregating more the | tc, individual contribution an \$1,000 for the year.(Co | ns to section omplete cols (| on 501(c) (a) through | (7), (8), or (10) (e) and the follow | ing line entry) | | |
| | For organizations completing Part III, enter contributions of \$1,000 or less for the year | total of exclusively religious, ch (Enter this information once - | naritable, etc, see instructio | ons.) | ► \$ | N/A | | |
| (a) | (b) | (c) | | | (d) | · · | | |
| No. from | Purpose of gift | Use of gift | | Desc | cription of how git | ft is held | | |
| Part I | N/A | | _ | | | | | |
| | N/A | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | Transferee's name, addres | Rela | tionship of | transferor to tran | sferee | | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | . | | |
| (a) | (b) | (c) | <u> </u> | | (d) | | | |
| No. from | Purpose of gift | Use of gift | | Desc | cription of how gir | ft is held | | |
| Part I | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, addres | Relationship of transferor to transferee | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) | (b) | (c) | · | | (d) | | | |
| No. from | Purpose of gift | Use of gift | | Description of how gift is held | | | | |
| _ Part I | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Transferee's name, addres | Relationship of transferor to transferee | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) | (b) | (c) | <u>'</u> | | (d) | | | |
| No. from | Purpose of gift | Use of gift | ļ | Desc | cription of how git | ft is held | | |
| Part I | | | | | | | | |
| | | | | | | <u></u> | | |
| | | | | · | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, addres | ss, and ZIP + 4 | Rela | tionship of | transferor to tran | steree | | |
| | | | | | | | | |
| | | | <u> </u> | | | | | |

| 2009՝ | FEDER | AL STAT | EMENTS | | | PAGE 1 |
|---|----------------------------|------------------------------|--------------------------------|------------------------------|--|-------------------------------|
| CLIENT 6909 | RIVEND | ELL FOUNDA | ATION, INC. | | | 22-368420 |
| 5/07/10 | | | | | | 09 58A |
| STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES | | | | | | |
| ACCOUNTING FEES | TOTAL § | (A) EXPENSES PER BOOKS 1,080 | (B) NET INVESTMEN' INCOME | T ADJU <u>NET I</u> \$ | C) ISTED NCOME 1,080. | (D) CHARITABLE PURPOSES 0. |
| STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES | | | | | | |
| FEDERAL TAXES | - \$ TOTAL <u>\$</u> | | | T ADJU <u>NET I</u> \$ | C) ISTED NCOME 5,585. 5,585. | (D) CHARITABLE PURPOSES 0. |
| STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES | | | | | | |
| | _ | (A) EXPENSES PER BOOKS | (B) NET INVESTMEN INCOME | T ADJ | (C) USTED NCOME | (D) CHARITABLE PURPOSES |
| NYS FILING FEE DUES & SUBSCRIPTIONS INSURANCE POSTAGE | \$ | 250 495 646 63 | • | \$ | 250. 495. 646. 63. | |
| BANK CHARGES | TOTAL § | 93 | • | <u>0.</u> <u>\$</u> | 93. 1,547. | \$ <u> </u> |
| STATEMENT 4 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE ST | ocks | | | | | |
| CORPORATE STOCKS | ···- | | VALUATION METHOD | BOOK VALUE | | AIR MARKET VALUE |
| UBS ACCOUNT | | ! | MKT VAL TOTAL | \$ 3,557, \$ 3,557 | 027. \$ 027. \$ | 2,874,430. 2,874,430. |

2009

FEDERAL STATEMENTS

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CLIENT 6909

RIVENDELL FOUNDATION, INC.

22-3684209

5/07/10

09 58AM

STATEMENT 5 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

WILLIAM AND ELISE WIDLUND

RIVENDELL FOUNDATION

CARE OF: STREET ADDRESS:

PO BOX 249

CITY, STATE, ZIP CODE:

NORTH RIVER, NY 12856

TELEPHONE:

(518) 251-3711

FORM AND CONTENT:

LETTER DESCRIBING PROJECT AND BUDGET

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

STATEMENT 6 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|--|-----------|
| LOWER ADIRONDACK REGIONAL ARTS COUNCIL 7 LAPHAM PLACE GLENS FALLS, NY 12801 | NONE | | GRANTS FOR INDIVIDUAL ARTISTS | \$ 4,000. |
| JOHNSBURG YOUTH COMMITTEE PO BOX 7 NORTH CREEK, NY 12853 | NONE | | SUMMER YOUTH PROGRAM | 500. |
| TRUST FOR PUBLIC LANDS 3 SHIPMAN PLACE MONTPELIER, VT 05602 | NONE | | COMMUNITY FOREST PROGRAM | 12,000. |
| CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE, PA 19330 | NONE | | TRAINING OF SERVICE CANINES FOR INDIVIDUALS WITH PHYSICAL DISABILITIES | 9,135. |
| LITTLE BELLAS 15 KRISTIE LANE JERICHO, VT 05465 | NONE | | OPERATIONS & RESOURCE DEVELOPMENT | 750. |
| SUPPORTING KIDDS INC. 1213 OLD LANCASTER PIKE HOCKASSIN, DE 19707 | NONE | | HEALING PATHWAYS PROGRAM FOR CHILDREN | 7,000. |
| SOS SAVE OUR STRAYS PO BOX 167 HUNTINGTON, VT 05462 | NONE | | OUTDOOR KENNEL PEN IMPROVEMENT | 750. |

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FEDERAL STATEMENTS

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CLIENT 6909

RIVENDELL FOUNDATION, INC.

22-3684209

09 58AM

5/07/10

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OFGRANT | AMOUNT |
|---|-----------------------|---------------------------|---|--------------|
| ONE TO ONE MENTORING PROGRAM PO BOX 1574 TELLURIDE, CO 81435 | NONE | | MENTORING PROGRAM FOR LOCAL CHILDREN. | \$ 2,000. |
| SAN MIGUEL RESOURCE CENTER PO BOX 3243 TELLURIDE, CO 81435 | NONE | | DOMESTIC VIOLENCE AND SEXUAL ASSAULT CRISIS CENTER | 22,039. |
| WRIGHT STUFF COMMUNITY EDU. FOUNDATION PO BOX 340 NORWOOD, CO 81423 | NONE | | CREATIVE CURRICULUM PROGRAM | 2,000. |
| LINKING LEARNING TO LIFE INC. 52 INSTITUTE RD BURLINGTON, VT 05408 | NONE | | MENTORS FOR KIDS PROGRAM | 2,000. |
| GIRLS ON THE RUN VERMONT INC. 311 LAUREL LEDGES VERNON, VT 05354 | NONE | | TRAINING OF COACHES IN FIRST AID/NEW SITES | 1,750. |
| SARA HOLBROOK COMMUNITY CENTER 66 NORTH AVENUE BURLINGTON, VT 05401 | NONE | | BARNES WORLD ACADEMY | 1,500. |
| KISMET ROCK FOUNDATION PO BOX 1744 NORTH CONWAY, NH 03860 | NONE | | OPERATING EXPENSES | 750. |
| FRIENDS OF THE VERGENNES OPERA HOUSE PO BOX 88 VERGENNES, VT 05491 | NONE | | UPCOMING MUSIC SERIES | 2,000. |
| WORLD AWARENESS CHILDREN'S MUSEUM 89 WARREN STREET GLENS FALLS, NY 12801 | NONE | | INTERIOR DOORS | 2,865. |
| CRANE MOUNTAIN VALLEY HORSE RESCUE 7556 NYS ROUTE 9N WESTPORT, NY 12993 | NONE | | OPERATING COSTS | 1,250. |

| 2009 | FEDERAL STA | TEMENT | \$ | PAGE 4 |
|---|-----------------------|---------------------------|--|----------------------------------|
| | | | | |
| CLIENT 6909 5/07/10 | RIVENDELL FOUND | DATION, INC. | | 22-3684209 09:58AM |
| STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA | A R | | | 03.007 um |
| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
| CREATIVE HEALING CONNECTIONS, INC. PO BOX 545 SARANAC LAKE, NY 12983 | NONE | | RETREATS | \$ 2,000. |
| HULBERT OUTDOOR CENTER SCHOOL PROGRAMS 2968 LAKE MOREY ROAD FAIRLEE, VT 05045 | NONE | | OPERATING COSTS | 5,000. |
| MEALS ON WHEELS 100 WEST TENTH STREET, SUITE 207 WILMINGTON, DE 19801 | NONE | | ADOPT-A-SENIOR & MEAL PURCHASES | 7,000. |
| N C RAILWAY DEPOT SAVE THE STATION PO BOX 156 NORTH CREEK, NY 12853 | NONE | | SCANNING FOR PRESERVATIONS | 1,000. |
| SUNSHINE GOLDEN RETRIEVER RESCUE CORP 1035 SOUTH MAIN STREET UPS BOX 227 CHESHIRE, CT 06410 | NONE | | ANIMAL CARE & MEDICAL TREATMENT | 9,500. |
| THE DELAWARE CHILDREN'S MUSEUM INC. 110 SOUTH POPLAR STREET SUITE 103 WILMINGTON, DE 19801 | NONE | | EARLY YEARS CAMPAIGN | 2,000. |
| VETEGA, INC PO BOX 91 LAKE ELMORE, VT 05657 | NONE | | GENERAL FUND & SPAY/NEUTER ASSISTANCE FUND | 2,000. |
| WARREN/WASHINGTON COUNTY HOMELESS YOUTH 10-12 WAIT STREET PO BOX 3252 GLENS FALLS, NY 12801 | NONE | | CASE MANAGEMENT & FOOD SUPPORT | 6,250. |
| | | | TOTAL | \$ 107,039. |

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