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ORIGINAL

Form **990-PF**

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

OMB No 1545-0052

2009Department 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

G Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	Name of foundation The Douglas S. and Barbara J. Barrett Family Foundation		A Employer identification number 27-6020539
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 18 Coveside Court PO Box 274		B Telephone number (see the instructions) (860) 536-7094
	City or town State ZIP code Mystic CT 06355		C If exemption application is pending, check here <input type="checkbox"/>
			D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 452,181.		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE				
1 Contributions, gifts, grants, etc., received (att sch)	20,000.			
2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments	3,884.	3,884.		
4 Dividends and interest from securities	3,311.	3,311.		
5a Gross rents				
b Net rental income or (loss)		L-6a Stmt		
6a Net gain/(loss) from sale of assets not on line 10	31.			
b Gross sales price for all assets on line 6a	31.			
7 Capital gain net income (from Part IV, line 2)		31.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	27,226.	7,226.		
ADMINISTRATIVE AND OPERATING EXPENSES				
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) L-16b Stmt	600.			600.
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule) (see instr) Excise Taxes- For	93.			93.
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	1,085.			1,085.
22 Printing and publications				
23 Other expenses (attach schedule)				
Investment Management Fee	125.			125.
24 Total operating and administrative expenses. Add lines 13 through 23	1,903.			1,903.
25 Contributions, gifts, grants paid	22,063.			22,063.
26 Total expenses and disbursements. Add lines 24 and 25	23,966.			23,966.
Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	3,260.			
b Net investment income (if negative, enter -0-)		7,226.		
c Adjusted net income (if negative, enter -0-)				

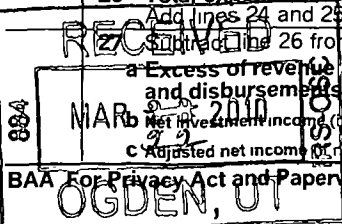
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ADMINISTRATIVE AND OPERATING EXPENSES



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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing	107,133.	112,625.	112,625.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U.S. and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule) L-10b Stmt	380,248.	387,228.	339,556.
	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)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	487,381.	499,853.	452,181.	
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)			
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	487,381.	499,853.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see the instructions)	487,381.	499,853.	
	31 Total liabilities and net assets/fund balances (see the instructions)	487,381.	499,853.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	487,381.
2 Enter amount from Part I, line 27a	2	3,260.
3 Other increases not included in line 2 (itemize) <u>Miscellaneous adjustment to net assets</u>	3	9,212.
4 Add lines 1, 2, and 3	4	499,853.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	499,853.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss).	— [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	31.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	— [If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8]	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	30,781.	459,132.	0.067042
2007	29,930.	518,763.	0.057695
2006	28,193.	503,373.	0.056008
2005	10,703.	304,554.	0.035143
2004	0.	196,485.	0.000000

2 Total of line 1, column (d)	2	0.215888
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.043178
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	410,779.
5 Multiply line 4 by line 3	5	17,737.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	72.
7 Add lines 5 and 6	7	17,809.
8 Enter qualifying distributions from Part XII, line 4	8	23,966.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. 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, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	72.
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-)		2	0.
3 Add lines 1 and 2		3	72.
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	72.
6 Credits/Payments:			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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		72.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0.
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>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.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i>		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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions)		
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? <i>If 'No,' attach explanation</i>	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)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i>	X	

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Part 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>Douglas S. Barrett</u> Telephone no <u>(860) 536-7094</u> Located at <u>18 Coveside Court, Mystic, CT</u> ZIP + 4 <u>06355</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</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.

	Yes	No
1 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>		
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 all years listed, answer 'No' and attach statement - see the instructions.)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 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	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870.

☐ Yes ☒ No**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Douglas S. Barrett 18 Coveside Court, Mystic, CT 06355	Trustee 0.00	0.	0.	0.
Barbara J. Barrett 18 Coveside Court, Mystic, CT 06355	Trustee 0.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, 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		None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

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	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	307,156.
b	Average of monthly cash balances	1b	109,879.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	417,035.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	417,035.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	6,256.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	410,779.
6	Minimum investment return. Enter 5% of line 5	6	20,539.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	20,539.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	72.
b	Income tax for 2009 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	72.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,467.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	20,467.
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	20,467.

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	1a	23,966.
b	Program-related investments — total from Part IX-B	1b	
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)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	23,966.
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	72.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	23,894.

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.

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				20,467.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2009:				
a From 2004	0.			
b From 2005	0.			
c From 2006	3,414.			
d From 2007	1,066.			
e From 2008	8,010.			
f Total of lines 3a through e	12,490.			
4 Qualifying distributions for 2009 from Part XII, line 4: \$ 23,966.				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2009 distributable amount				20,467.
e Remaining amount distributed out of corpus	3,499.			
5 Excess distributions carryover applied to 2009. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	15,989.			
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				
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				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)				
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	15,989.			
10 Analysis of line 9:				
a Excess from 2005	0.			
b Excess from 2006	3,414.			
c Excess from 2007	1,066.			
d Excess from 2008	8,010.			
e Excess from 2009	3,499.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2009	(b) 2008	(c) 2007	(d) 2006	
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) 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:				
(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 had \$5,000 or more in assets at any time during the year — see instructions.)**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

See Schedule B

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

See Schedule B

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number of the person to whom applications should be addressed:

Douglas S. Barrett

18 Covese Court

Mystic

CT

06355

(860) 536-7094

- b** The form in which applications should be submitted and information and materials they should include:

ATTACHED

- c** Any submission deadlines:

September 3

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

ATTACHED

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
American Cancer Society 931 Jefferson Blvd., Suite 3004 Warwick RI 06320		501 (c) 3	To donate to an organization that assists those affected by can	2,000.
Charot Marie Tooth Assoc. 2700 Cestnut St. Chester City PA 19013-4867		501 (c) 3	To donate to an organization that assists those affected by CMT	1,000.
Recreational Fishing Alliance PO Box 3080, New Gretna, NJ 08224		501 (c) 3	To donate to an organization that protects fishing rights.	2,000.
Trout Unlimited 1300 North 17th Street, #500 Arlington VA 22209		501 (c) 3	To donate to an organization that helps to preserve NA's coldwa	2,000.
Cyclic Vomiting Syndrome Association 2819 West Highland Blvd Milwaukee WI 53208		501 (c) 3	To donate to combat Cyclic Vomiting Syndrome.	1,500.
The New London Hopsitality Center 19 Jay Street, POB 1651 New London, CT 06320		501 (c) 3	To donate to an organization that assists local residents.	1,000.
Saint Francis House PO Box 2171 New London CT 06320		501 (c) 3	To donate to an organization that assists local residents.	5,000.
Donors Choose 347 West 36th Street, Suite 503 New York NY 10018		501 (c) 3	To donate to an organization that helps teachers get educationa	993.
WARM Shelter 56 Spruce Street Westerly RI 02891		501 (c) 3	Sheltering homeless	1,070.
See Line 3a statement				5,500.
Total			3a	22,063.
b Approved for future payment				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue*					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					3,884.
4	Dividends and interest from securities					3,311.
5	Net rental income or (loss) from real estate.					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					31.
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue*					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)					7,226.
13	Total. Add line 12, columns (b), (d), and (e)					7,226.

(See worksheet in the instructions for line 13 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

The Douglas S. and Barbara J. Barrett Family Foundation

Employer identification number

27-6020539

Organization type (check one):

Form 990 or 990-EZ

Section:

- ☐ 501(c)(____) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule —

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules —

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

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

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

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

Name of organization

Employer identification number

The Douglas S. and Barbara J. Barrett Family Foundation

27-6020539

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Douglas S. Barrett 18 Coveseide Court Mystic CT 06355	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Barbara J. Barrett 18 Coveseide Court Mystic CT 06355	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name The Douglas S. and Barbara J. Barrett Family Foundation Employer Identification Number 27-6020539

Asset Information:

Description of Property:	<u>Calvert Social Investment Fund</u>
Date Acquired:	How Acquired:
Date Sold:	Name of Buyer:
Sales Price:	<u>31.</u> Cost or other basis (do not reduce by depreciation)
Sales Expense:	Valuation Method:
Total Gain (Loss):	<u>31.</u> Accumulation Depreciation:

Description of Property:	
Date Acquired:	How Acquired:
Date Sold:	Name of Buyer:
Sales Price:	Cost or other basis (do not reduce by depreciation)
Sales Expense:	Valuation Method:
Total Gain (Loss):	Accumulation Depreciation:

Description of Property:	
Date Acquired:	How Acquired:
Date Sold:	Name of Buyer:
Sales Price:	Cost or other basis (do not reduce by depreciation)
Sales Expense:	Valuation Method:
Total Gain (Loss):	Accumulation Depreciation:

Description of Property:	
Date Acquired:	How Acquired:
Date Sold:	Name of Buyer:
Sales Price:	Cost or other basis (do not reduce by depreciation)
Sales Expense:	Valuation Method:
Total Gain (Loss):	Accumulation Depreciation:

Description of Property:	
Date Acquired:	How Acquired:
Date Sold:	Name of Buyer:
Sales Price:	Cost or other basis (do not reduce by depreciation)
Sales Expense:	Valuation Method:
Total Gain (Loss):	Accumulation Depreciation:

Description of Property:	
Date Acquired:	How Acquired:
Date Sold:	Name of Buyer:
Sales Price:	Cost or other basis (do not reduce by depreciation)
Sales Expense:	Valuation Method:
Total Gain (Loss):	Accumulation Depreciation:

Description of Property:	
Date Acquired:	How Acquired:
Date Sold:	Name of Buyer:
Sales Price:	Cost or other basis (do not reduce by depreciation)
Sales Expense:	Valuation Method:
Total Gain (Loss):	Accumulation Depreciation:

Description of Property:	
Date Acquired:	How Acquired:
Date Sold:	Name of Buyer:
Sales Price:	Cost or other basis (do not reduce by depreciation)
Sales Expense:	Valuation Method:
Total Gain (Loss):	Accumulation Depreciation:

Form 990-PF, Page 11, Part XV, Line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Habitat for Humanity				Person or <input type="checkbox"/>
PO Box 409				Business <input type="checkbox"/>
Putnam CT 06260		501 (c) 3	Building homes for the p	2,000.
CT State Dental Association				Person or <input type="checkbox"/>
835 West Queen Street				Business <input type="checkbox"/>
Southington CT 06489		501 (c) 3	To provide dental care f	2,000.
Alley Cat Allies, Inc.				Person or <input type="checkbox"/>
7920 Norfolk Avenue Ste 600				Business <input type="checkbox"/>
Bethesda MD 20814		501 (c) 3	To provide homes to home	500.
Smile Train, Inc.				Person or <input type="checkbox"/>
41 Madison Avenue 28th flr				Business <input type="checkbox"/>
New York NY 10010		501 (c) 3	To provide dental care t	1,000.

Total

5,500.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
James Austin, CPA	Accounting/Tax prep	600.			600.

Total

600.600.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
Mutual Funds	387,228.	339,556.
Total	<u>387,228.</u>	<u>339,556.</u>

**THE DOUGLAS S. AND BARBARA J. BARRETT
FAMILY FOUNDATION**

P. O. Box 274, Mystic, CT 06355 -0274

POLICIES AND GUIDELINES

PURPOSE OF FOUNDATION

The purpose of *The Douglas S. and Barbara J. Barrett Family Foundation* is to provide grants to 501(c)(3) organizations recognized by the Internal Revenue Service that are devoted exclusively to charitable, scientific, literary, or educational purposes and which under the Federal and State succession, transfer, and inheritance estate tax laws are exempt from taxation. It is the intent of the donors to provide such organizations with resources to assist in pilot programs, expansion of programs, research, etc. rather than the day-to-day operations of that organization.

Priority consideration will be given to those grant requests from organizations in which the family is personally involved.

The Foundation sees its main role as being that of

- (1) the provider of "seed money" for new services, and
- (2) the allocator of funds to fill needs which are not met by any other organizations or sources

In general, the Foundation will grant funds for special purposes that do not commit the Foundation to recurring expenses. Funds may be given for buildings, equipment and land, in addition to programs.

POLICIES AND GENERAL GUIDELINES

- 1 Grants will be made on an annual basis, generally in a lump sum. However, the Trustees reserve to themselves the option of paying large grants over a multi-year period.
- 2 Grants shall be limited to tax-exempt 501(c)(3), not-for-profit, equal opportunity organizations recognized as such by the Internal Revenue Service.
- 3 The grantee must demonstrate financial responsibility.
- 4 No single grantee shall receive all of the available funding in any one calendar year.
- 5 Partial grants may be awarded at the discretion of the Trustees.
- 6 Special consideration may be given to grantees whose programs offer the possibility of matching grants.
- 7 Grantees must prioritize requests should more than one item be requested.
- 8 Grants **will not** be made to individuals, for endowments, for deficit financing, or for reimbursement for items purchased prior to grant request.
- 9 Applications made for a project or program in cooperation with another agency(ies) must include letters of commitment to the project or program from the supporting agency(ies).

- 10 Complete original applications, including **all** required supporting data, for grants **must** be submitted by **September 3rd annually**. If this date falls on a Saturday or a Sunday, the **deadline is not extended**. Applications postmarked on the day of the deadline will be accepted.
11. **Announcements of the grants are made by December 31st annually**. A letter will be sent to all applicants whether their application was approved or denied.
12. A report of the expenditure of each grant is required within one year from the date the grant is awarded. If for any reason you are unable to use the full amount of the grant during the period of time for which the grant was approved, or for the purpose intended, etc., you must immediately report your circumstances to the Foundation Trustees. Any unused funds from a grant are to be returned to the Foundation with the final report. Acknowledgements are not considered a report.

SPECIFIC GUIDELINES

The Foundation Trustees are interested primarily in how the proposed project will help the organization achieve its established goals, solve a critical problem or prepare for the next steps in its development to meet the stated needs. These issues should be addressed in a **concise proposal of three (3) to five (5) pages** covering the requirements listed under items #1-8 below. Nonprofit organizations are encouraged to identify best practices, to explore solutions emerging from nonprofit and business management theory, and to collaborate with others in their field and community.

The Foundation is committed to assisting in the creation of networks, coalitions, shared services or other structures designed to provide a wide range of easily understandable and accessible services and achieve greater integration of services to clients.

The Foundation's financial support may be used only for the direct costs of implementing proposed projects.

HOW TO SUBMIT YOUR PROPOSAL

- 1 A mission statement and current goals for the organization or organizations, if this is a collaborative effort. A brief description of the organization or each collaborating organization including history, current services and how this project supports those missions. (OR, attach a brochure or other material that contains this information and write "see attachment" under this heading **but be sure to address the issue of "how this project supports your mission or those missions"** of the collaborating organizations.)
2. **PROPOSAL NARRATIVE:** A description of problems or conditions the project is intended to address:
 - Need for the project; its uniqueness and non-duplication
 - What outcome do you seek? (Outcomes are long-range and broad in scope)
 - What methods will you use to achieve the end result or outcome(s)? (Methods are short-term, concrete and measurable)
 - What activities will you carry out to achieve the project objectives?
 - The people, who will be served by the project, including the number you estimate will benefit from it.
 - The geographic area the project will directly affect.
 - Methods for measuring your success. How will you know that you have met your objectives? If the project is to serve as a model, how will information be disseminated? (If you receive a multi-

year grant, you will be asked to submit an evaluation report and pictures, if appropriate, on a semi-annual basis until the project is completed and then a final report.)

- Anything else that might help us to understand what you are trying to accomplish and why.
 - PERSONNEL: List the personnel who will work on the project and their qualifications OR if not yet hired, please include a job description for each individual to be hired.
 - BOARD INVOLVEMENT: Will any of the board be involved and if so, how?
 - If this is a collaborative effort, please describe how each organization is integrated into the project; either a flowchart or a brief narrative is acceptable.
 - TIMETABLE: Show the timetable you have set to achieve your objectives.
 - PROJECT FUNDING: Give details of any funding you have already received or requested for your project (how much, from whom, and for what). Explain how the funds requested from The Barrett Foundation will be used. What are your continuing funding plans?
 - PROPOSAL (INCOME & EXPENSE) BUDGET: Provide a full budget breakdown. Detail projected overall expenses for your project and itemize the portion requested from The Barrett Foundation. If a consultant is utilized, a specific and brief description of how that person will be used, the consultant's special qualifications for the assignment and a resume. Please indicate consultant's daily rate.
 - EVALUATION: Include an evaluation plan that shows how the organization(s) will know to what extent the project has succeeded. The plan should state how the evaluation would be carried out, when the results will be known, and should include quantified measures wherever possible. Successful applicants will be asked to submit a final project report that includes results of the evaluation.
3. FINANCIAL STATEMENTS: An audited financial statement for the most recent year from existing organizations. Where an audited Statement is unavailable, a Treasurer's Report will be acceptable. For an organization in the formative stage, a projected budget is required.
4. TAX-EXEMPT STATUS: Attach a copy of your 501(c)(3) and each participating organization's 501(c)(3) tax exemption letter from the Internal Revenue Service (not a letter from the State). If you are a public agency, so signify.

NOTE: A Federal Income Tax exemption letter dated after 1969. Exemption letters dated prior to 1969 and State Exemption Certificates are not acceptable. Only a municipality is exempt from this requirement.

A new or updated Federal Tax Exemption Letter may be obtained through:

Internal Revenue Service Customer Service Unit
P O. Box 1680
Brooklyn, NY 11202-1680

5. BOARD LIST: List each participating organization's current Board of Directors with their names, addresses and affiliations. A brief bio of each board member is very helpful.
6. LETTERS OF COMMITMENT: If a collaborative effort, letters of commitment signed by the President or Chairman of the respective governing boards must be attached. The letters should indicate that the proposal has been reviewed and approved by the respective governing board and specify the agreed upon FISCAL AGENT for the project.
7. FISCAL AGENT RESPONSIBILITIES: It is the Fiscal Agent's responsibility to see that the funds are properly expended and/or spread among the collaborating entities, if a collaborative effort, and that reports are filed with *The Douglas S. and Barbara J. Barrett Family Foundation* in a timely manner.
8. File the original application with attachments with *The Douglas S. and Barbara J. Barrett Family Foundation* at P. O. Box 274, Mystic, CT 06355-0274.

GUIDELINES FOR REPORTING

We want to know how you're doing—what worked and what didn't work. A **report** is required one year from the date of the grant. For multi-year grants a **status report** from the Fiscal Agent or grantee summarizing the results of your project and how the money was spent **must be submitted on a semi-annual basis with a final report at the conclusion of the project.**

- Provide a brief narrative addressing:
 - Program achievements: Identify the program objective, specific achievements and any problems encountered
 - Number served and benefits to those served
 - Community support, including linkages with other organizations, media coverage, etc.
 - Efforts made to obtain funds for program continuation
- Detail of grant expenditures
 - Line item report, including specific expenditures and provide receipts where possible

THE DOUGLAS S. AND BARBARA J. BARRETT FAMILY FOUNDATION

P O. 274, Mystic, CT 06355-0274

Application for Grant of Funds

(Please type)

Name and Address of Organization:

Date: _____

Telephone: _____

Amount Requested: _____

Name and Address of Fiscal Agent, if different:

Specific purpose for which grant is to be used:

Period of time in which grant is to be used: _____
Anticipated benefits:

How does this project/equipment fit in with the objectives of the organization(s) as a whole?

What evidence is there of community support for this or similar projects, if applicable?

What are your organization's specific plans for future funding of this project, if applicable?

CHECKLIST OF REQUIRED ATTACHMENTS

(Include these Required Attachments with the Application Form:)

- 1 Mission statement from your organization and from each of the collaborating agencies, if a collaborative effort.
- 2 Letter of Determination from the Internal Revenue Service (IRS) certifying tax-exempt status under Section 501 (c)(3) of the IRS Regulations for each participating organization.
- 3 Most recent Form 990 for each participating organization. If an agency is not required to file a 990 Form, please explain and document.
4. Completed Proposal Budget for Project.
- 5 Financial statements and/or audited report.
- 6 A list of your organization's current Board of Directors or, if a collaborative effort, a list of board members from each organization. A brief bio of board members is very helpful.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature (Executive Director)

Signature (Board Chairman)

(Type or print name & title)

(Type or print name & title)

Attach extra pages if space is too limited on this form.

NOTE: Submit original completed application with attachments postmarked by September 3rd.

—THERE WILL BE NO EXCEPTIONS TO SUBMISSION DEADLINE—