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### Form 990-PF

### **Return of Private Foundation**

EXTENSION ATTACHED OMB No. 1545-0052

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Department of the Treasury

2009

		enue Service Title Touridation Thay t	be able to use a copy of this			<del>_</del>
For ca	lent	dar year 2009, or tax year beginning		, and ending		
G Che	eck	all that apply Initial return		rmer public charity	Final return	
-		Amended return	Address chang	ge	Name change	<del> </del>
Use ti	he II	Rs Name of foundation	.,		A Employer identification	number
lat	el.	FOUR ANGELS FOUNDATIO			20 6165045	
Other					30-6165945	
•	int	Number and street (or P O box number if mail is not de	livered to street address)	Room/suite	B Telephone number	1.0
or to See S		His E33 Inoin Bott Rolls			802-985-93	
Instru	•	Lity of town, state, and zir code			C if exemption application is p	
		SHELBURNE, VT 05482			D 1. Foreign organizations	check here
		type of organization X Section 501(c)(3) ex			Foreign organizations me check here and attach co	mputation
			Other taxable private founda	tion	E If private foundation state	tus was terminated.
l Fair	mai	rket value of all assets at end of year 🔰 🛮 Accounti	•	Accrual	under section 507(b)(1)	
•			her (specify)		F If the foundation is in a (	60-month termination
_ ▶\$		471,567. (Part I, colu	mn (d) must be on cash t	oasis.)	under section 507(b)(1)	(B), check here
Par	t 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))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessanly equal the amounts in column (a) )	expenses per books	income	income	(cash basis only)
1		Contributions, gifts, grants, etc , received	499,000.			
- 1		Check I if the foundation is not required to attach Sch. B		-		
	3	Interest on savings and temporary cash investments	13.	13.		STATEMENT 1
	4	Dividends and interest from securities	438.	438.		STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
<u>o</u>		Net gain or (loss) from sale of assets not on line 10				
E	b	Gross sales price for all assets on line 6a	,, ,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,		<del>                                     </del>	
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
-	8	Net short-term capital gain	· · · · · · · · · · · · · · · · · · ·	' ok ovelovi-444-		<u> </u>
		Income modifications		***************************************		
1	0a	Gross sales less returns and allowances				11.14411111-1
	b	Less Cost of goods sold		······		
	C	Gross profit or (loss)		J disease Mines and the		
1	1	Other income				
1	2	Total. Add lines 1 through 11	499,451.	451.	0.	
1	3	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
1		Other employee salaries and wages		<u></u>		
		Pension plans, employee benefits		·····		
		Legal fees		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
Ď	b.	Accounting rees EIVED				
ũ		1/4				
ا ﴿ اِ		Interest 0		<del></del>		
CE 1	8	NOV 1 8 2010		· · · · · · · · · · · · · · · · · · ·		,
SE 1	y	Depreciation and depletion			=	
ÇĒ 2	0	OCDEN LIT				
∡ <b>≥</b> ₹   2	1	Tavel, contentees, and meanings				
<b>*</b> ≥		Printing and publications	1.2	1.2		
CE 2		Other expenses STMT 3	13.	13.	0.	0.
1 E   2		Total operating and administrative	1.	1.2	_	_
SCANNED AND Walnustrative Expensor		expenses. Add lines 13 through 23	13.	13.	0.	0.
$\leq$ $ ^2$		Contributions, gifts, grants paid	29,000.			29,000.
တ္တု <sup>2</sup>		Total expenses and disbursements.	20 012	1 2	_	20.000
		Add lines 24 and 25	29,013.	13.	0.	29,000.
2		Subtract line 26 from line 12	470 430			
		Excess of revenue over expenses and disbursements	470,438.	420	'	
İ		Net investment income (if negative, enter -0-)		438.		
923501	<u>C</u>	Adjusted net income (if negative, enter -0-)			0.	50 000 PE (0000)



Page 2

		Attached schedules and amounts in the description	Beginning of year	End of	vear
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	1,000.	466,427.	466,427.
	ı	Savings and temporary cash investments	1,0001	100/12/1	100/12/1
	1	Accounts receivable		<del>,</del>	
	"	Less allowance for doubtful accounts	1		
	١,		na		<del></del>
	4	Pledges receivable			
	_	Less allowance for doubtful accounts			
	5	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			······································
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
ats	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	· Name		
		Less, accumulated depreciation	Í	j	
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	0.	5,011.	5,140.
	1 -	Land, buildings, and equipment basis			
	'`	Less, accumulated depreciation		İ	
	16	Other assets (describe	<del></del>		
	13	Other assets (describe			
		Taket accords (As he accordated by all files)	1,000.	471,438.	171 567
		Total assets (to be completed by all filers)	1,000.	4/1,430.	471,567.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
	ŀ				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
lan	25	Temporarily restricted			
Ba	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31			
S 0	27	Capital stock, trust principal, or current funds	0.	0.	
set:	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Net Assets or Fund Balance	29	Retained earnings, accumulated income, endowment, or other funds	1,000.	471,438.	
ĕ	30	Total net assets or fund balances	1,000.	471,438.	
~	•				
	31	Total liabilities and net assets/fund balances	1,000.	471,438.	
					······
P	art	Analysis of Changes in Net Assets or Fund Ba	aiances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		[1]	1,000.
	-	r amount from Part I, line 27a		2	1,000. 470,438.
3	Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	471,438.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	tumn (b), line 30	6	471,438.
					Form <b>990-PF</b> (2009)

FOUR ANGELS FOUNDATION C/O ELIZABETH A. RUANE

		sses for Tax on In		t Income			<del>.</del>		0-010.	3743	raye 3
		nd(s) of property sold (e g or common stock, 200 shs			ĮΡ	How a - Puro - Don		(c) Date (mo , c	acquired lay, yr )	( <b>d)</b> Date (mo , da	
1a					٦	- 0011	ation				
	NE										
С											
<u>d</u>		<del></del>									
<u> </u>	10.0	<u> </u>	4.5.0	<del> </del>	<u>L</u> .,						
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale				(h) (e) plu	iain or (loss) s (f) minus (	g)	_
_ 8	<u> </u>							<del> </del>	<u> </u>		
<u>b</u>	<del>  -</del>		· · · · · · · · · · · · · · · · · · ·				<del>-</del>				
c d	<del> </del> -								-		
e	<del>                                     </del>								<u> </u>		
Complete only for assets show	ing gain in (	column (h) and owned by	the foundation	n on 12/31/69			- (	I) Gains ((	Col (h) gain	minus	
(i) F M V as of 12/31/69	(	j) Adjusted basis as of 12/31/69		xcess of col (i) r col (j), if any			cò	l (k), but	not less than (from col. (I	-0-) or	
a											
b											
<u>C</u>	<u> </u>							<del>.</del>			
<u>d</u>	1										
<u>e</u>	<u>.</u>		l		$\overline{}$		г —				
2 Capital gain net income or (net c	apital loss)	If gain, also enter If (loss), enter -0-	n Part I, line In Part I, line	7 : 7	}	2		<del>.</del>	<del></del>		
3 Net short-term capital gain or (lo			d (6)		٦						
If gain, also enter in Part I, line 8		<b>c)</b>			•	_					
Part V Qualification L		ection 4940(e) for	Reducer	Tax on Net	Inv	oetr	nent Ind	come			
(For optional use by domestic private		<del></del>									
						,					
If section 4940(d)(2) applies, leave	this part bla	ank									
Was the foundation liable for the se	ction 4942	tax on the distributable am	ount of any y	ear in the base per	rıod?					Yes	X No
If "Yes," the foundation does not qua											•
1 Enter the appropriate amount in	each colur	nn for each year, see instri	uctions before	e making any entri	es					(4)	
Base period years		(b) Adjusted qualifying disi	tributions	Net value of no	(C) ncha		-ilea aeeate		Distrib	(d) ution ratio	<b>(-1)</b>
Calendar year (or tax year beginn 2008	ing in)	Adjusted qualifying dis-	0.	Net value of the	ПСПД	ritable	328		(col (b) divi		(c)) 00000
2007							320	<del>'-</del>			70000
2006			·-·								•
2005			<del></del>				•				
2004											
2 Total of line 1, column (d)								2		.00	0000
3 Average distribution ratio for the	•	•	on line 2 by 5,	or by the number	of ye	ars				0.0	
the foundation has been in existing	ence it less	tnan 5 years						3	-	.00	0000
4 Enter the net value of nonchanta	ble-use ass	sets for 2009 from Part X,	line 5					4		400,	742.
5 Multiply line 4 by line 3								5			0.
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		_	4.
7 Add lines 5 and 6								7			4.
8 Enter qualifying distributions fro	•	•	46 2-4	-1-8- 4b -4 - · · ·		0/ A:		8		29,	,000.
If line 8 is equal to or greater tha See the Part VI instructions	a line /, ch	eck the dox in Part VI, line	10, and comp	piete that part usin	ig a 1	% (ax	rate			000 5	. <u>.</u>

Part VI   Excise Tax Based on Investment Income (Section 4940(b), 4940(b), or 4940 - see instructions)		990-PF (2009) C/O ELIZABETH A. RUANE					6165			Page 4
Dates of ruling or determination letter (attach copy of letter in necessary-see instructions) b Domestic floundations that meet the section 4940(e) requirements in Part V, check here	Pa	rt VI Excise Tax Based on Investment Income (Section 494	0(a), 4	940(b), 494	0(e), or 4	1948	- see i	nstrı	ıctio	ns)
b Domaştic foundations that meet the section 4947(a) requirements in Part V, check here ► X and enter 1% of 18 and enter 1% of 18 and	1a	Exempt operating foundations described in section 4940(d)(2), check here  and e	enter "N/A	on line 1	)					
of Part, line 27b.  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part, line 12, col (b)  7 Tax under decision 511 (domestic section 4947(a)(1) fursts and taxable foundations only Others enter 40-)  8 Subdité A (nomestic section 4947(a)(1) fursts and taxable foundations only Others enter 40-)  9 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter 40-  9 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter 40-  9 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter 40-  9 Toda credit or group organizations - tax withheld at source  10 Exempt foreign organizations - tax withheld at source  10 Toda credits and payments. Add lines 68 through 64  10 Exempt foreign organizations - tax withheld at source  10 Toda credits and payments. Add lines 68 through 64  10 Exempt foreign organizations - tax withheld at source  10 Tax dise. If the toda or lines 5 and 8 is more than line 7, enter amount owed  10 Verpayment. If line 7 is more than the tola of lines 5 and 8 is more than line 7, enter amount owed  10 Verpayment. If line 7 is more than the tola of lines 5 and 8, enter the amount overpaid  11 Default the service of the service of the service organizations of the service organization or did it participate or intervene in any political campaign?  12 During the tax year, and the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  12 During the tax year, and the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  13 During the tax year, and the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  13 During the tax year, and the foundation incommendation incommendation incommendation incommendation incommendation incommendation incommenda		Date of ruling or determination letter (attach copy of letter if net	cessary-s	see instructions)						
E All other domestic foundations enter 2% of time 27b. Exampt foreign organizations enter 4% of Pard I, line 12, col. (b)  2	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>▶</b> 🗶 a	and enter 1%	þ	1				4.
2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3		of Part I, line 27b .								
3 Ad A. Subtitle A (income) tax (domestic section 4947(a)(1) frusts and taxable foundations only Others enter -0-)  5 Tax based on Investment Income. Subtract line 4 from line 3 if zero or less, enter -0-  5 Tax based on Investment Income. Subtract line 4 from line 3 if zero or less, enter -0-  5 Tax based on Investment Income. Subtract line 4 from line 3 if zero or less, enter -0-  5 Tax based on line stand that payments and 2008 overpayment credited to 2009  b Exampt foreign organizations - tax withhead at source  6 Tax paid with application for extension of time to the (Form 8868)  6 Bed	C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	6 of Part	I, line 12, col (b)	, J					
4 Subbitle A (income) Izx (domestic section 4947(a)(1) fursis and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 6 Gredets/Psyments  a 2009 estimated tax payments and 2008 everpayment credited to 2009 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organization - to see that the total of lines 5 and 8, enter the amount owed c Tax to the total or lines 5 and 8, enter the amount overpaid c Total repaid the total or lines 5 and 8, enter the amount overpaid c Total repaid to the fole organization of the foreign organization or the sectivities c Total the spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defination)?  If the answer is "yes" to 1 are 19, attach a defailed description of the activities and copies of any materials published or distributed by the foundation in Company to the section of the activities c Did the foundation file Form 1128-POL for this year?  If "Yes," attach a defailed description of the activities c Did the foundation file form 1128-POL for this year?  If "Yes," attach a defailed description of the activities c Did the foundation organized in any activities that have not previously been reported to the IRS?  If "Yes," attach a de	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only O	thers ent	er -0-)		2				
5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 6 Credits/Payments a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source 1 Tax paid with application for exension of time to life (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 6 Enter any penalty for undergayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Tax at due. If the total of times 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of times 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of times 5 and 8 is more than 1 line 7 is more than 1 line	3	Add lines 1 and 2				3			_	
6 Credits/Payments a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to his (Form 8868) d Backup withholding erroneously withheld d Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than hise 7, enter amount owed ▶ 9 4 4. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2019 estimated tax. Part VII-A   Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or inflowed 11  Part VII-A   Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or inflowed 11  Part VII-A   Statements Regarding Activities 1b Union the touridation attempt to influence any national, state, or local legislation or did if participate or inflowed 11  Part VII-A   Statements Regarding Activities 1b Union to the spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?  If the answer is "yes" to 1a or 1b, attach a defailed description of the activities and copies of any materials published or distributed by the foundation in Fernal 12-POL for this year?  If the control of the provide of the activities of the activities and copies of any materials published or distributed by the foundation the Fernal 12-POL for this year?  If "Yes," attach a detailed description of the activities of the activities of the activities of the activities of the activities of the activities of the activities of the activities of the activities of the activities of the activities of the activities of the activities of the activities of t	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others en	ter -0-)		4				<u>0.</u>
a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to like (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at hrough 8d 6d Enter any penalty for underpayment of estimated tax. Check here in the form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here in the folial of times 5 and 8 is more than line 7, enter amount owner. 9 Tax due. If the folial of times 5 and 8 is more than line 7, enter amount owner. 10 Overgayment. If the 7 is more than the total of times 5 and 8, enter the amount overgald 11 Enter the amount of line 10 to be. Credited to 2010 estimated tax.  PERT VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any potitical campaign? 15 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any potitical campaign? 16 Did it spend more than 510 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 16 If the answer is "Yes" to 1 a or 10, attach a detailed description of the activities 17 Close the foundation in connection with the activities 18 Close the foundation in connection with the activities 19 Close the foundation in connection with the activities 2 Close the foundation in a connection with the activities 2 Close the foundation in a connection with the activities 3 As the foundation engaged in any activities that have not previously been reported to the IRS?  10 Yes, "attach a detailed description of the activities 2 Close the foundation engaged in any activities that have not previously been reported to the IRS?  10 Yes," attach a detailed description of the activities 2 Close the foundation activities of the foundation activities are	5	·				5	,,, ,, ,, ,,			4.
b Exempt foreign organizations - tax withheld at source  c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6 at through 6d  8 Enter any genatity for undergoyment of estimated tax. Check here ☐ if Form 2220 is attached  9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than line total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be Credited to 2010 settlated tax.  Part VIII-A   Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any potitical campain?  1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?  1b 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  1 Did the foundation in participation of the activities and copies of any materials published or distributed by the foundation in connection with the activities  1 Did the foundation Ps \$ 0 . (2) On foundation managers Ps \$ 0. (3) On the similar instruments of the activities and the foundation managers Ps \$ 0. (2) On foundation managers Ps \$ 0. (3) On the similar instruments Pi "Yes," attach a declared description of the activities  1 Hard Ps. (1 Ps.) The similar instruments Pi "Yes," attach a declared description of the activities  3 Has the foundation have unrelated business grows is moore of \$1,000 or more during the year?  1 If "Yes," attach the statement required by General Instruction T  5 Are the requirements of section 508(e) (relating to sections 494 through 4945) satisfied either  9 If yes, complete Part	6	Credits/Payments	í I							
c Tx pad with application for extension of time to file (Form 8868) d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Neck here I if form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owerpaid 11 Enter the amount of the 10 to be Credited to 2010 estimated tax    Tax due to 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? 10 the demonance of the 10 to or 10, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1 to 10 the foundation file from 1120-POL for this year? 10 the foundation engaged in any activities that have not previously been reported to the IRS? 11 "Yes," attach a detailed description of the activities 12 this the foundation engaged in any activities that have not previously been reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruction or substantial contraction during the year? 12 the			6a	···						
d Backup withholding erroneously withheld 7 Total credits and payments Add lines 6a through 6a 8 Enter any penalty for undersyment of estimated tax Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than hie 7, enter amount owed 9 Q A . 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Center the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 10 11 Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11    Part VIII-A   Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inflerence in any political campaign? 1b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for definition)? 1b Did x spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for definition)? 1c Did the foundation file Form 1120-POL for this year? 1c Did the foundation file Form 1120-POL for this year? 1c Did the foundation file Form 1120-POL for this year? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 1c) On the foundation file Form 1120-POL for this year? 1c Enter the remimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0 . 2 Has the foundation magaged in any activities that have not previously been reported to the IRS? 2 X Y 2 X Y 3 B As the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X X 4 B Did the foundation have unlessed business gross income of \$1,000 or more during the year?  N/A 4 B X X 4 B W X Y Yes, "attach a detailed description of the activities 5 X X Y 6 Y X X 6 B As the requirement						-				
7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   10 Overpayment. It line 7 is more than the total of lines 5 and 8, enter the amount owerpaid   11 Enter the amount of line 10 to be Credited to 2010 estimated tax >						-				
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Part VII-A   Statements Regarding Activities		•		1						
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<ul> <li>By language in the governing instrument, or</li> <li>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?</li> <li>Did the foundation have at least \$5,000 in assets at any time during the year?</li> <li>If "Yes," complete Part II, coi. (c), and Part XV.</li> <li>Enter the states to which the foundation reports or with which it is registered (see instructions)</li> <li>NY</li> <li>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</li> <li>Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV</li> <li>Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses</li> <li>X</li> </ul>		If "Yes," attach the statement required by General Instruction T						1		
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remain in the governing instrument?  7 Did the foundation have at least \$5,000 in assets at any time during the year?  8a Enter the states to which the foundation reports or with which it is registered (see 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  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X		By language in the governing instrument, or								
7 X  If "Yes," complete Part II, col. (c), and Part XV.  8a Enter the states to which the foundation reports or with which it is registered (see 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  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X		By state legislation that effectively amends the governing instrument so that no mandator	ry directio	ons that conflict	with the state	e law		]		
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8a Enter the states to which the foundation reports or with which it is registered (see 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  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	7	Did the foundation have at least \$5,000 in assets at any time during the year?						7	X	<u> </u>
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  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X		· · · · · · · · · · · · · · · · · · ·								
of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	8a		ons) 🟲 _							
of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney (	General (or desig	nate)					
year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X		of each state as required by General Instruction G? If "No," attach explanation		_				8b	Х	
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses 10 X	9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 49	42(j)(3) or 4942(	j)(5) for cale	endar				
The state of the s		year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," $\sigma$	complete	e Part XIV				9	<u> </u>	<del></del>
	10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a scheduling the tax year?	ule listing t	heir names and add	resses				<u> </u>	

Fo'rn	1990-PF (2009) C/O ELIZABETH A. RUANE	30-6165	945	1	Page <b>5</b>
Pá	art 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?		13	X	
	Website address ► N/A				
14	The books are in care of ► ELIZABETH RUANE Teleph	one no ▶ <u>802-98</u>		312	
	Located at ► 255 THOMPSON ROAD, SHELBURNE, VT	ZIP+4 <b>▶</b> 05	482		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A	
PE	art 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?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(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 )	Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 page 20 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corre	cted			
	before the first day of the tax year beginning in 2009?		10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating fou	ndation			
	defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s)				
	before 2009?	Yes X No			
	If "Yes," list the years ▶,,	_			
b	Are there any years listed in 2a for which the foundation is $not$ applying the provisions of section 4942(a)(2) (relating to				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" at			- 1	
	statement - see instructions )	N/A	2b		
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> </u>				
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		- 1	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified pe			- 1	
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)			- 1	
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sch				
	Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	·	<u>X</u>
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	1	<u>X</u>
		For	m <b>990</b>	-PF (2	2009)

			<u> </u>		
2 Con	npensation of five highest-paid employees (other than those in	ncluded on line 1). If none	e, 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				
		7			
			-		
		7			
		7			
Total n	umber of other employees paid over \$50,000		<del></del>	<u> </u>	(

C/O ELIZABETH A. ROANE		103943 rayer
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	ition Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(0,1), processes	(1)
	┥	
	-	
	_	
<del> </del>		<del> </del>
	_	
	<u> </u>	
	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers proc	duced, etc	LAPONOOS
1 N/A		
2		
3		. •
4		•
	-	
Part IX-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A		, , , , , , , , , , , , , , , , , , , ,
0		
2		
All about a second related an about a Constant about		
All other program-related investments. See instructions		
3		

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	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	5.121.
	Average of monthly cash balances	1b	5,121. 401,724.
	Fair market value of all other assets	10	
d		10	406,845.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	406,845.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,103.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	400,742.
6	Minimum Investment return. Enter 5% of line 5	6	20,037.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	•
1	Minimum investment return from Part X, line 6	1	20,037.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	4.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,033.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	20,033.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	20,033.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		00 000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	29,000.
	Program-related investments - total from Part IX-B	1b	0.
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	29,000.
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	5	4.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,996.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for	the section

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		.,		20,033.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only		· · · · · · · · · · · · · · · · · · ·	16.	+
b Total for prior years		0		
3 Excess distributions carryover, if any, to 2009	· · · · · · · · · · · · · · · · · · ·	0.	<del></del>	<del>'  </del>
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from		······		
Part XII, line 4 ►\$ 29,000.				
a Applied to 2008, but not more than line 2a			16.	
b Applied to undistributed income of prior	***************************************		10.	
years (Election required - see instructions)		0.		
The state of the s	· · · · · · · · · · · · · · · · · · ·		<del></del>	
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount	· / · · · · · · · · · · · · · · · ·	<del>1. ' . 1' </del>		20,033.
	8,951.			20,033.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,951.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line		···-	<u></u>	······································
4a from line 2a Taxable amount - see instr			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)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	8,951.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009 8,951.				5 000 DE (0000)

Part XIV Private Operating F	oundations (see ins	tructions and Part Vi	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of th	ne ruling	<b>&gt;</b>	·	
b Check box to indicate whether the found	lation is a private operatin	g foundation described	ın section	4942(J)(3) or 494	<b>12(j)(5)</b>
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
<b>b</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 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 Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see the ii	nstructions.)		<u>.</u>	
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			tributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed in NONE	nore than \$5,000) (See se	ction 507(a)(2) )			
b List any managers of the foundation wh	n own 10% or more of the	stack of a corporation	(or an equally large portio	n of the ownership of a so	rtnerchin or
other entity) of which the foundation ha			(or an equally large portio	ii oi tile owileisilip ol a pa	ruleiship oi
NONE					
2 Information Regarding Contribut Check here ► X If the foundation of	nly makes contributions to	preselected charitable	organizations and does no	ot accept unsolicited requ	ests for funds If
the foundation makes gifts, grants, etc	<del></del>			mpiete items 2a, b, c, and	<u> </u>
a The name, address, and telephone num	ber of the person to whom	n applications should be	addressed		
b The form in which applications should b	e submitted and informati	on and materials they s	hould include		
c Any submission deadlines					-
d Any restrictions or limitations on award	s, such as by geographical	areas, charitable fields	, kinds of institutions, or o	ther factors	
					· <u>- · · · · · · · · · · · · · · · · · ·</u>

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment	· · · · · · · · · · · · · · · · · · ·	
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)	or substantial contributor	recipient		
a Paid during the year	or śubstantial contributor	recipient		
SEE STATEMENT 5				
Total	<del></del>	Ι	<b>▶</b> 3a	29,000.
b Approved for future payment  NONE				
Total	<u> </u>	·	. <b>&gt;</b> 3b	0.

iter gross amounts unless otherwise indicated	Unrelated b	Unrelated business income		ed by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
Program service revenue	code		1000	<del></del>		
a	_					
b						
c	l I					
d			+ +			
e	_			-		
q Fees and contracts from government agencies	- <del>                                    </del>		+			
g Fees and contracts from government agencies  Membership dues and assessments		···	+		<del>-</del>	
•						
Interest on savings and temporary cash			14	13.		
Investments			$\frac{14}{14}$	438.		
Dividends and interest from securities			17	430.		
Net rental income or (loss) from real estate	<del></del>					
a Debt-financed property					<del> </del>	
b Not debt-financed property			<del></del>			
Net rental income or (loss) from personal			+ 1			
property						
Other investment income			_			
Gain or (loss) from sales of assets other						
than inventory			+ +			
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory						
Other revenue						
a	_		_			
b		···				
C						
d	_					
е						
Subtotal Add columns (b), (d), and (e)			).	451.		
Total. Add line 12, columns (b), (d), and (e)				13	4.5	
ee worksheet in line 13 instructions to verify calculations	)					
art XVI-B Relationship of Activities	s to the Accom	plishment of	Exempt	Purposes		
ne No. Explain below how each activity for which in	icome is reported in c	olumn (e) of Part XV	I-A contribu	ited importantly to the accomp	olishment of	
▼ the foundation's exempt purposes (other th	an by providing funds	for such purposes)				
/A						
A						
/ B						
A		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
A		<del></del>				
	,					
			-			

Forr	n 990-P	F(2009) C/O E	LIZABETH A. RUA	ANE	30-61	65945	Pa	ge 13
P	art XV	Information Re Exempt Organ		and Transactions a	nd Relationships With Nonch	aritable		
1	Did the		rectly engage in any of the followi	ng with any other organization	n described in section 501(c) of		Yes	No
	the Co	de (other than section 501(c	c)(3) organizations) or in section 5	27, relating to political organi	zations?			
а	Transf	ers from the reporting found	lation to a noncharitable exempt o	rganization of				
	(1) Ca					1a(1)		<u> </u>
		ther assets				1a(2)		X
b		transactions	able everet ereeprotee			45/4		Х
		ales of assets to a noncharita	oncharitable exempt organization			1b(1) 1b(2)		X
	• •	ental of facilities, equipment,	· · · ·			1b(3)		X
		eimbursement arrangements				1b(4)		X
	(5) Lo	oans or loan guarantees				1b(5)		X
	(6) P	erformance of services or me	embership or fundraising solicitati	ons		1b(6)		X
C			ailing lists, other assets, or paid er			10		<u>X</u>
d					rays show the fair market value of the good		ets,	
					e in any transaction or sharing arrangemen	t, show in		
(2)	ine no	(b) Amount involved	other assets, or services received (c) Name of noncharitab		(d) Description of transfers, transactions, a	ad abasas am		
(4).	- 10	(a) / illicont illivoivos	N/A	o oxompt organization	(a) description of transiers, transactions, a	nu snamy and	ingeme	
-		· · · · ·						
	İ							
						•		
			<u>                                     </u>					
				-				
		<del> </del>	<del></del>					
	1		-	<del></del> .		-		
	Ì			-	· · · · · · · · · · · · · · · · · · ·			
			<u></u>					
2a		· · · · · · · · · · · · · · · · · · ·	tly affiliated with, or related to, on		ations described			,
			r than section 501(c)(3)) or in sec	ction 527?		Yes	LX	] No
	II Yes	complete the following sch. (a) Name of org		(b) Type of organization	(c) Description of relatio	nship		
		N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) type of organization	(cy boompton or rolling			
_								
	Under pe and com	enalties of perjury, I declare that I in plete Declaration of preparer (other	have examined this return, including acc er than taxpayer or figurciary) is based or	ompanying schedules and statement of which preparer is	ents, and to the best of my knowledge and belief, it has any knowledge.	is true, correc	t,	
		$\bigcirc$	2, /	ニーロ へびしゃ	Officer			
2	Sig	nature of officer or trustee		Date	Trute			
影	Ť	Preparer's	12/		ate Check if Pres	arer's identify	ng num	ber
Sign Here	Paid Preparer's Use Only	signature	4/	<u> </u>	1/9// self- employed >	,	-	
<b>"</b>  :			MCGLADREY, INC.	<u>l</u>	EIN D			
	- <u>\$</u> \$	if setf-employed). 1185	AVENUE OF THE	AMERICAS				
$\perp$		address, and ZIP code NEW	YORK, NY 10036-	-2602	Phone no 212	<u>-372-</u> 1	100	<u>)                                    </u>
						Form <b>990</b> -	PF (	2009)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

_	OUR ANGELS FOUNDATION C/O ELIZABETH A. RUANE	30-6165945
Organization type (check		30 0103313
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
	ion filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in maplete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, for cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because in the parts unless the <b>General Rule</b> applies to this organization because in the parts unless the <b>General Rule</b> applies to this organization because in the parts unless the <b>General Rule</b> applies to this organization because in the parts unless the <b>General Rule</b> applies to this organization because in the parts unless the <b>General Rule</b> applies to this organization because in the parts unless that the parts unless	gregate to more than \$1,000.  ely religious, charitable, etc.,
but it must answer "No"	that is not covered by the General Rule and/or the Special Rules does not file Schedule I on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line to filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

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

	1	1	
Page	L of	1 of Pari	t I

Name of organization
FOUR ANGELS FOUNDATION
C/O ELIZABETH A. RUANE

Employer identification number

30-6165945

Part I	' Contributors	(see instructions)
--------	----------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF JOYCE M. RUANE C/O CRAVATH, SWAINE & MOORE, LLP, 825 EIGHTH AVENUE NEW YORK , NY 10019	\$499,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution )

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY CA	ASH IN	NESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
TD BANK							13.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				13.
FORM 990-PF DIVIDENI	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	۲)
PERSHING, LLC	-		438.		0.	4	38.
TOTAL TO FM 990-PF, PART I, I	LN 4		438.		0.	4	38.
FORM 990-PF	O'	THER E	XPENSES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT FEES		13.		13.		0.	0.
TO FORM 990-PF, PG 1, LN 23		13.		13.		0.	0.
FORM 990-PF	ОТН	ER INV	ESTMENTS			STATEMENT	4
DESCRIPTION			LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T
PRAXAIR INC		COST 5,011.		5,140.			
TOTAL TO FORM 990-PF, PART II					5,011.		40.

FORM 990-PF

STATEMENT

PAID	DURING THE YEAR	<del> ,</del>	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
NAAM BIOMEDICAL SOCIETY 228 PARK AVENUE, S. #21210 NEW YORK , NY 10003		501(C)3	10,000.
INTERFAITH CENTER OF NEW YORK 475 RIVERSIDE DRIVE, SUITE 540 NEW YORK, NY 10115		SECULAR EDUCATION SCHOOL	1,000.
FLYNN CENTER FOR PERFORMING ARTS - ANDREA'S LEGACY 153 MAIN STREET BURLINGTON , VT 05401	N/A NON DIRECTED GIFT	LEGACY FUND	500.
UNIVERSAL FORSE HEALING CENTER 7 WEST 24TH STREET NEW YORK, NY 10010		501(C)3	10,000.
POPULATION MEDIA CENTER PO BOX 547 SHELBURNE , VT 05482		501(C)3	500.
SHELBURNE MUSEUM PO BOX 10 SHELBURNE, VT 05482	N/A NON DIRECTED GIFT	MUSEUM	1,000.
CATHEDRAL CHURCH OF SAINT JOHN THE DIVINE 1047 AMERSTERDAM AVENUE NEW YORK, NY 10025	N/A DIRECTED TO GENERAL FUND	СНИЯСН	1,000.
UNIVERSITY OF RICHMOND - ANNUAL FUND 28 WESTHAMPTON WAY RICHMOND , VA 23173	N/A ANNUAL FUND FOR GENERAL USE.	UNIVERSITY	5,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		29,000.

GRANTS AND CONTRIBUTIONS

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page to not complete Part II unless you have already been granted an automatic 3-month extension on a page to not complete Part II unless you have already been granted an automatic 3-month extension on a page to not complete Part II unless you have already been granted an automatic 3-month extension on a page to not complete Part II unless you have already been granted an automatic 3-month extension.	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies need	ded).
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this bo Part I only	ox and complete
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to to file income tax returns.	request an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automat noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 886 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a comp you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the elewww.irs.gov/efile and click on e-file for Chanties & Nonprofits.	58 electronically if (1) you want the additional posite or consolidated Form 990-T. Instead,
Type or Name of Exempt Organization	Employer identification number
print FOUR ANGELS FOUNDATION	20 6165045
C/O ELIZABETH A. RUANE	30-6165945
due date for Number, street, and room or suite no. If a P.O. box, see instructions.	
iling your eturn See 255 THOMPSON ROAD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  SHELBURNE, VT 05482	
SHELLBURNE, VI UJ402	
Check type of return to be filed (file a separate application for each return):	
Form 990 Form 990-T (corporation)	Form 4720
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227
Form 990-EZ Form 990-T (trust other than above)	Form 6069
X   Form 990-PF	Form 8870
ELIZABETH RUANE  The books are in the care of ▶ 255 THOMPSON ROAD - SHELBURNE, VT	05482
Telephone No. ► 802-985-9312 FAX No. ►	
	. ▶ 🗀
If the organization does not have an office or place of business in the United States, check this box	
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> </ul>	If this is for the whole group, check this
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> </ul>	. If this is for the whole group, check this I EINs of all members the extension will cover.
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  box  If it is for part of the group, check this box  and attach a list with the names and	. If this is for the whole group, check this I EINs of all members the extension will cover.
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension	. If this is for the whole group, check this I EINs of all members the extension will cover.
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  box  If it is for part of the group, check this box  and attach a list with the names and  request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension  AUGUST 15, 2010  to file the exempt organization return for the organization.	. If this is for the whole group, check this I EINs of all members the extension will cover.
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  box  If it is for part of the group, check this box  and attach a list with the names and  I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension  AUGUST 15, 2010  is for the organization's return for:	. If this is for the whole group, check this I EINs of all members the extension will cover.
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    box	. If this is for the whole group, check this I EINs of all members the extension will cover.
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    box	. If this is for the whole group, check this is EINs of all members the extension will cover.  I of time until on named above. The extension  eturn. Change in accounting period
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    box	. If this is for the whole group, check this I EINs of all members the extension will cover.  I of time until on named above The extension  eturn Change in accounting period
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If it is for part of the group, check this box	. If this is for the whole group, check this I EINs of all members the extension will cover.  of time until on named above. The extension  eturn Change in accounting period in the extension of the extension.
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If it is for part of the group, check this box	. If this is for the whole group, check this is EINs of all members the extension will cover.  I of time until on named above. The extension  eturn. Change in accounting period
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> <li>box</li> <li>If it is for part of the group, check this box</li> <li>and attach a list with the names and</li> <li>I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension</li> <li>AUGUST 15, 2010 , to file the exempt organization return for the organization is for the organization's return for:</li> <li>X calendar year 2009 or</li> <li>tax year beginning , and ending</li> <li>If this tax year is for less than 12 months, check reason Initial return Final return</li> <li>If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less and nonrefundable credits. See instructions.</li> <li>If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit</li> <li>Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,</li> </ul>	. If this is for the whole group, check this I EINs of all members the extension will cover.  I of time until on named above The extension  Eturn Change in accounting period as \$ 0 \$ 0
If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If it is for part of the group, check this box	. If this is for the whole group, check this I EINs of all members the extension will cover.  I of time until on named above The extension  Eturn Change in accounting period as \$ 0 \$ 0

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LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)	· · · · · · · · · · · · · · · · · · ·			Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	d check this bo	x		$\triangleright$ $X$
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a p	reviously filed	Form	8868.	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				<del></del>
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no co			
Name of Exempt Organization  Type or HOLLD ANCEL C. FOLINDAMITON		Emp	loyer ident	ification number
FOOR ANGELS FOUNDATION		~	0 (16	
C/O ELIZABETH A. RUANE			0-6165	
Number, street, and room or suite no. If a P.O. box, see instructions.  Use date for filling the 255 THOMPSON ROAD		For If	RS use only	<i>'</i>
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHELBURNE, VT 05482		SH.		
Check type of return to be filed (File a separate application for each return):	•			
	n 1041-A 📙	☐ Fo	rm 5227	Form 8870
	m 4720 🗌	Fo	rm 6069	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension	on a previous	ly file	d Form 88	68.
ELIZABETH RUANE				
• The books are in the care of ▶ 255 THOMPSON ROAD - SHELBURNE, V	m 05482			
Telephone No. ► 802-985-9312 FAX No. ►				
If the organization does not have an office or place of business in the United States, check this box		_		▶ □
<ul> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> </ul>		s is foi	the whole	group, check this
box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names a				
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.				
0.000	and ending			_
	d return		Change in a	accounting period
7 State in detail why you need the extension			<b>-</b>	arreaming period
ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A	COMPLE	ΓE .	AND AC	CURATE
TAX RETURN.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any			
nonrefundable credits. See instructions.		8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es	stimated	7		
tax payments made. Include any prior year overpayment allowed as a credit and any amount p	aid			
previously with Form 8868.		8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required	, deposit			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	instructions.	8c	\$	0.
Signature and Verification				1
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and staten it is true, correct, and complete, and that I am authorized to prepare this form	nents, and to the	best o	f my knowled	ige and belief,
Signature Title		Date	<b>•</b>	0/4//0
				8868 (Rev 4-2009

RSM-copy-