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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning JULY 1 , **2009, and ending** JUNE 30 , 20 10

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: PICOR FAMILY FOUNDATION

A Employer identification number: 03-0287699

Number and street (or P O box number if mail is not delivered to street address): KING STREET DOCK — Room/suite:

B Telephone number (see page 10 of the instructions): (802) 864-9804

City or town, state, and ZIP code: BURLINGTON VT 05401

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

H Check type of organization: ☐ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶ $ 458,950

J Accounting method: ☑ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

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 page 11 of 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 (attach schedule)	162500			
	2 Check ▶ ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	174	174	174	
	4 Dividends and interest from securities	25818	25818	25818	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	193492	25992	25992	
Operating and Administrative 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 schedule)				
	c Other professional fees (attach schedule)	547	547	547	547
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	2000	2000	2000	2000
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 **Total operating and administrative expenses.** Add lines 13 through 23	2547	2547	2547	2547
	25 Contributions, gifts, grants paid	177872			177872
	26 **Total expenses and disbursements.** Add lines 24 and 25	180419	2547	2547	180419
	27 Subtract line 26 from line 12:				
	a **Excess of revenue over expenses and disbursements**	13073			
	b **Net investment income** (if negative, enter -0-)		23445		
	c **Adjusted net income** (if negative, enter -0-)			23445	

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PECOR FAMILY FOUNDATION
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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	40506	69775	69775
	2 Savings and temporary cash investments	42704	77223	77223
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	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)	1040438	883288	311952
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	1181328	1030286	458950
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and 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.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)			
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	1181328	1030286	

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	1181328
2	Enter amount from Part I, line 27a	2	13113
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1194441
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	1194441

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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 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
b	N/A			
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 (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any	
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	
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 pages 13 and 17 of 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 page 18 of 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 (col (b) divided by col (c))
2008	180 419	579 980	.31110
2007	182 852	639 721	.28583
2006	104 352	1 328 681	.07854
2005	91 065	1 366 270	.06655
2004	142 569	1 356 531	.10510

2	**Total** of line 1, column (d)	2	.84712
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	.16942
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	307 273
5	Multiply line 4 by line 3	5	52 058
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	521
7	Add lines 5 and 6	7	52 579
8	Enter qualifying distributions from Part XII, line 4	8	180 419

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 on page 18.

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	234	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		
3	Add lines 1 and 2	3	234	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	234	
6	Credits/Payments:			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 — 6a: 2000			
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	2000	
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9		
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	1766	
11	Enter the amount of line 10 to be: **Credited to 2010 estimated tax** ▶ **Refunded** ▶	11	1766	

Part VII-A Statements Regarding Activities

			Yes	No
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 political campaign?	1a		✓
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the 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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		✓
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? *If "Yes," attach a detailed description of the activities.*	2		✓
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		✓
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		✓
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	✓	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV*	7	✓	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of 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? If "No," attach explanation*	8b	✓	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? *If "Yes," complete Part XIV*	9		✓
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		✓

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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 page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	

Website address ▶

14 The books are in care of ▶ HENRY T SOARELL Telephone no. ▶ 802-864-9804

Located at ▶ KING ST DOCK BURLINGTON VT ZIP+4 ▶ 05401-5293

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 |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	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 ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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 ☑ 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.) ☐ Yes ☑ 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 page 20 of the instructions)?	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 corrected before the first day of the tax year beginning in 2009?	1c		✓
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? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 page 20 of the instructions.)	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. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ 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.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		✓
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		✓

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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 page 22 of the 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 page 22 of the instructions)?			5b
	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?			6b ✓
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ No	
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 page 22 of the 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
– SEE Supporting Schedule –				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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 –				

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

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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 page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶

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 page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the 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 page 24 of the 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	-0-
b	Average of monthly cash balances	1b	-0-
c	Fair market value of all other assets (see page 24 of the instructions)	1c	311,952
d	**Total** (add lines 1a, b, and c)	1d	311,952
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	-0-
3	Subtract line 2 from line 1d	3	311,952
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	4,679
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	307,273
6	**Minimum investment return.** Enter 5% of line 5	6	15,364

Part XI Distributable Amount (see page 25 of the 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	15,364
2a	Tax on investment income for 2009 from Part VI, line 5	2a	234		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	234
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	15,130
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	15,130
6	Deduction from distributable amount (see page 25 of the instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	15,130

Part XII Qualifying Distributions (see page 25 of the 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	180,419
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	180,419
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	180,419

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.

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Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				15,130
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			100,840	
b Total for prior years: 20___,20___,20___		-0-		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f **Total** of lines 3a through e	-0-			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ $				
a Applied to 2008, but not more than line 2a			-0-	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		-0-		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	-0-			
d Applied to 2009 distributable amount				-0-
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 *(If an amount appears in column (d), the same amount must be shown in column (a).)*	433,123			
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	-0-			
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 page 27 of the instructions		-0-		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the 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 page 27 of the instructions)	-0-			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	-0-			
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	433,123			
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				

PRICE FAMILY FOUNDATION
#03-0287699

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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			N/A		
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 foundation had $5,000 or more in assets at any time during the year—see page 28 of the 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).)

NONE

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.

NONE

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 page 28 of the 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:

HENRY T. SORRELL
King ST. DOCK BURLINGTON, VT 05401 (802) 864-9804

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

c Any submission deadlines: NONE

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

NONE

PFCOR FAMILY FOUNDATION
#03-0287699

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*				
— SEE Attached Schedule —				
Total ▶ **3a**				
b *Approved for future payment*				
Total ▶ **3b**				

PECOR FAMILY FOUNDATION
03-0287699

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c	N/A				
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
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					
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)					
13 **Total.** Add line 12, columns (b), (d), and (e)					13

(See worksheet in line 13 instructions on page 28 to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)
	N/A

PECOR FAMILY FOUNDATION
#03-0287699

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		✓
	(2) Other assets	1a(2)		✓
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		✓
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		✓
	(3) Rental of facilities, equipment, or other assets	1b(3)		✓
	(4) Reimbursement arrangements	1b(4)		✓
	(5) Loans or loan guarantees	1b(5)		✓
	(6) Performance of services or membership or fundraising solicitations	1b(6)		✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		✓

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Signature of officer or trustee: Penny T Pecor | Date: 2/14/11 | Title: TREASURER

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (see **Signature** on page 30 of the instructions)
Firm's name (or yours if self-employed), address, and ZIP code		EIN ▶	
		Phone no.	

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

PECK FAMILY FOUNDATION

Employer identification number

03:0287699

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 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 33⅓% support test of the regulations under sections 509(a)(1) and 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 its 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).

Name of organization: PECOR FAMILY FOUNDATION

Employer identification number: 03 0289699

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LAKE CHAMPLAIN TRANS. CO. KING ST DOCK BURLINGTON, VT 05401	$ 150,000.00	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2	RAY PECOR, JR 128 PINE HAVEN SHORE SHELBURNE, VT 05482	$ 17540.00	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Pecor Family Foundation
Supporting Schedules
2009

Part 1

Contributions received
Line 1

Lake Champlain Transportation Company Federal I D 03-0259960	$150,000 00
Ray Pecor, Jr. SS#009-26-4136	$17,500 00
total ---- >	$167,500 00

Line 16 (c)

Merchants Trust Company (fiduciary fees)	$546 82

Line 18

Internal Revenue Service	$2,000 00

Part II

Balance sheet

Investments other	Begin of Year Book Value 07/01/2009	End of Year Book Value 06/30/2010	Market Value
Merchants Bancshares	$115,000	$115,000	$333,300
Merchants Trust	$161,881	$165,361	$113,895
Morgan Stanley	$763,557	$749,925	$230,457
	$1,040,438	$1,030,286	$677,652

Part VIII
Supplementary information

Information about Officers and Directors

	hours/month devoted	contributions to benefit plan	exp account allowed	compensation
Ray C Pecor Shelburne, Vt.	2	$0 00	$0 00	$0 00
Jean G Pecor Shelburne, Vt	1	$0 00	$0 00	$0 00
Raymond pecor III Charlotte, Vt	2	$0 00	$0 00	$0 00
Henry T Sorrell Jericho, Vt	2	$0 00	$0 00	$0 00
Alan Sylvester South Burlington, Vt	1	$0 00	$0 00	$0 00

Adoption

ADOPT: A happily married couple longs to adopt a newborn. We promise an abundance of love, a happy home and financial [illegible] Call Wendy and

[illegible] wishes to adopt a [illegible]dless love & opportu- Donna & Mark, 1-

[illegible]rvice Press for 30

[illegible] couple wishes to [illegible]rish & Love forever. Chris @ 1-888-777-[illegible]lopt.com

Sales

PECOR FAMILY FOUNDATION
KING STREET DOCK
BURLINGTON, VT 05401
Purchase Order #:

[illegible]K

[illegible]ullen Rd, Sat & HUGE HEATED IG FOR EVERY- [illegible]quipment, huge [illegible]n, tools, large & DVD's, knick [illegible]re, Christmas [illegible] crock, couple of cedar chests and lots more!!!

RICHMOND - 1846 W. Main Street, Sat, 11/13, 9am-12pm. Motel demolition sale! Furniture, refrigerators, beds, microwaves, kitchen cabinets, etc. Cash only!

Legal Notices

NOTICE OF PUBLIC HEARING

Notice is hereby given that a public hearing will be conducted by the Vermont Economic Development Authority ("VEDA") on December 6, 2010 at 10 30 a.m at its offices at 58 East State Street, Montpelier, Vermont regarding the proposed issuance of up to $25 million stated principal amount of tax-exempt revenue bonds pursuant to Subchapter 4 of Title 10, V S.A , Chapter 12 (which bonds will not constitute a debt or pledge of the faith or credit of the State of Vermont or VEDA), to finance a project to be owned or operated by Weidmann Electrical Technology, Inc , WICOR Americas, Inc., Weidmann Diagnostic Solutions, Inc., or related entities which project consists of:

New manufacturing machinery and equipment located at One Gordon Mills Way, St. Johnsbury, Vermont, including new paperboard press machines, used in the manufacture of the company's paperboard electrical insulation products, replacements of various motors, pumps, controls and other equipment with new components, related building modifications and improvements and other related ancillary costs, and closing costs and professional fees directly related thereto (the "Project").

All persons desiring to be heard on the Project and the proposed issuance of tax-exempt revenue bonds to finance the Project are invited to attend the public hearing Written comments and general inquiries may be directed to VEDA at the address below:

Vermont Economic Development Authority
58 East State Street, Suite 5
Montpelier, VT 05602-3044

NOTICE

The annual report of the Pecor Family Foundation is available at the address below for inspection during regular business hours of 8AM-4PM by any citizen who so requests within 180 days after publication of this notice of its availability.

The Pecor Family Foundation
King Street Dock
Burlington, VT. 05401

Henry T. Sorrell, Treasurer

November 13, 2010

Request for Proposal

HowardCenter is seeking proposals for the purchase, lease or construction of a 16 bed level III Community Care Home that can provide housing for adults with serious and persistent mental illness. Land and buildings suitable for this purpose will be considered The preferred characteristics for land or building are as follows:

Location: Chittenden County

Site: 1 acre +/-
On CCTA bus line
Exterior green space
Building: 5,000 SF to 7,000 SF
A D A. compliant or can be readily upcoded

Zoning: To permit or conditionally permit a level III community Care Home

A complete copy of the Request for Proposal can be secured by contacting:

Geri Reilly Real Estate
c/o Michael Simoneau
205 Dorset St.
South Burlington, VT 05403
Phone: 802-862-6677
Email: simmy@buyvtrealestate.com

Responses to this Request for Proposal are due by 2:00P.M. on November 30, 2010

State of Vermont
District of Chittenden, SS
Probate Court
Docket No. 33464

In RE the Estate of James D Gordon late of South Burlington, Vermont.

NOTICE TO CREDITORS

To the creditors of the Estate of James D Gordon, late of South Burlington, Vermont.

I have been appointed a personal representative of the above named estate All creditors having claims against the estate must present their claims in writing within 4 months of the date of the first publication of this notice. The claim must be presented to me at the address listed below with a copy filed with the register of the Probate Court. The claim will be forever barred if it is not presented as described above within the four month deadline.

Dated: November 2, 2010

/s/ Evan L. Gordon, Administrator
c/o Richard W. Kozlowski, Esq.
Lisman, Webster & Leckerling, P.C
P.O. Box 728
Burlington, VT 05402
(802) 864-5756

Name of Publication: Burlington Free Press
First Publication Date: 11/6/2010
Second Publication Date: 11/13/2010

Address of Probate Court:
Chittenden District Probate Court
P O. Box 511
Burlington, VT 05402-0511

November 6 & 13, 2010

TOWN OF SHELBURNE
DEVELOPMENT REVIEW BOARD

Notice hereby of Public Hearing to be held Wednesday, December 1, 2010 7 00PM
Meeting Location: Shelburne Town Center Meeting Room 1

SUB10-07 Application by Michael Wisniewski on behalf of Champlain Housing Trust / Housing Vermont (developers), as well as Margaret A. Dyer and Marvin and Sue Thomas (owners) for Sketch Plan approval for a Mixed-Use PUD consisting of affordable and market housing in a variety of styles to include apartments, single-family homes, townhouse units, senior housing, and a retail/commercial unit. Property is located at 5059 Shelburne Road and is in the Village Center Zoning District and Village Design Review Overlay Districts.
CU10-08 Application by Marcel Beaudin on behalf of SEA Trust for Conditional Use approval for 2 bedroom accessory apartment. Property is located at 141 Pheasant Way and is in the Rural Zoning District.
SP10-03/CU10-07 Application by Shelburne Green, LLC on behalf of SparkVT, Inc. for Site Plan and Conditional Use approval to redevelop an existing non-conforming structure for office and light manufacturing uses Property is located at 6221 Shelburne Rd and is in the Commerce and Industry South Zoning District.

November 13, 2010

Lost & Found

FOUND - LAWN SWEEPER: on RTE 28, Westford, 10/25. Call (802) 879-3969 to describe and claim

DO I HAVE YOUR COAT? Mine was taken by mistake from Ready Funeral Home on Shelburne Rd on October 21st, Ladies Barn Coats are identical except for size Yours has some distinctive items in the pockets Please call (802) 862-7673 for an exchange.

FOUND DOGS (2): 1 female brown & white Chihuahua, found on Sawyer Ave, Milton, 1 male black lab, found on Bombardier Road, Milton (802) 893-4297

LOST - "CASH REWARD" for the return or information leading to the return of the items stolen from my car while I was working in Colchester on Wed 11-3. Garmin Nuvi - Canon Digital camera-sony cybershot digital camera-toyota keys-LG Env Cellphone-Dale Earnhardt seat cover-Massaging Chair Pad-Sunglasses-misc car chargers-give me my stuff or lead me to it and you'll get your cash!!! Call Lisa at (802) 598-8319. E-mail rexiru@yahoo.com

Absolutely Free

ANTIQUE ORGAN: Estey, over 100 yrs old, needs some work. Call (802) 879-1838

CAT: black & white male, 8 mos, very friendly & playful. We're moving. (802) 527-0066

COUCH: (802) 660-0945

FARMHOUSE: 3 unit apartment house. You move! Richmond. (802) 503-5651

FISH TANK: 36", with some fish and accessories. Jericho, (802) 899-3877

FREE JUNK CAR REMOVAL
50 Mile Radius of Burl. Mon - Sun 7AM-9PM
F&S Towing (802) 372-6431 (802) 310-9191

GAS CLOTHES DRYER: Working condition (802) 660-0945

GAS FIREPLACE: (802) 660-0945

MOBILE HOME: 2 bdrm, set on basement, must move w/crane, Richmond 802-503-5651

OIL TANK: 270 gal., 60 yrs. old, Emptied of all oil. Call Dave at (802) 862-0421

PALLETTS / FIREWOOD: 141 Plains Rd, St Albans. You Pick up Call (802) 524-6108

27" SONY COLOR TV: Perfect working condition. Free. (802) 922-8659

SPOTTED ALOE VERA PLANT: 15 years old, Call (802) 253-8111

WELLINGTON UPRIGHT PIANO: FREE Renovating,piano must be moved.Great for someone just learning. Call Suzanne,(802)-316-2250, E-mail washburnsj@comcast.net.

YELLOW LAB: Male (802) 324-3755

Antiques/Collectibles

ANTIQUE PRAM BABY CARRIAGE: $50 (802) 872-9889

COWBOY BOOTS: Assorted Mens & ladies $15/ea (802) 598-7900

OLD MILK CANS (3): 2 have lids $10 each Call (802) 862-9702

T-HUNT (3): Munsters Coach model car, in packages, $30 firm (802) 324-2260

RUBY FLASH design on Excellent cond **PITCHER-** Milk dots around **perfect** condit[illegible] **Plea**

SCOTCH 7 IN tapes w/60's Stored 30+yrs,

12 SERIES HO the Metropolit (802) 864-400[illegible]

TINWARE: flat each. Call (802

TRUNK: Curvec 24" H excellen

VPR COLLECTI (802) 878-080[illegible]

WANTED: old the 1800's. 8713. E-mail:

55 YEAR OLD Cast iron. In needs repair. A

AIR CONDITION (802) 864-7923

DEHUMIDIFIER: (802) 777-882[illegible]

FOOD PROCES (802) 655-3799

GE MICROWAV great. Burlingt[illegible]

HUMIDIFIER: sonic, Mnx-free

MICROWAVES: Call (802) 879-[illegible]

BABY CHANGIN (802) 849-2754

BABY CLOTHE (802) 540-0235

Buil

BATHROOM SI $25 obo. Call ([illegible]

STAINLESS STE $75 Call (802) [illegible]

WHITE CEDAR Cedar clapboa garden beds ([illegible] 4', 5' & 6'. orders for spri[illegible]

Busi

2-DRAWER FI Beige, Like Ne

STORAGE / FI of 3. Beige. $15[illegible]

Camera

CAMERA: Cano (802) 864-7923

DIGITAL CAMER Cost $80. Askin[illegible]

Com

DELL 23" CO 862-2067

DELL COMPUTE em, $75. Call ([illegible]

GAMING COM enclosure Ante GTS GPU, LC games & e $600/best Call

HP OFFICE PR Color & B&W 0574

HP500 PRINTE (802) 862-2067

Adoption

ADOPT: A happily married couple longs to adopt a newborn. We promise an abundance of love, a happy home and financial aid. Call Wendy and

e wishes to adopt a
diess love & opportu-
Donna & Mark, 1-

rvice
Press for 30

couple wishes to
ensh & Love forever.
Chris @ 1-888-777-
lopt.com

PECOR FAMILY FOUNDATION
KING STREET DOCK
BURLINGTON, VT 05401
Purchase Order #:

Sales

lullen Rd, Sat &
HUGE HEATED
IG FOR EVERY-
quipment, huge
n, tools, large
& DVD's, knick
re, Christmas
crock, couple of
cedar chests and lots more!!!

RICHMOND - 1848 W. Main Street, Sat, 11/13, 9am-12pm. Motel demolition sale! Furniture, refrigerators, beds, microwaves, kitchen cabinets, etc. Cash only!

Legal Notices

NOTICE OF PUBLIC HEARING

Notice is hereby given that a public hearing will be conducted by the Vermont Economic Development Authority ("VEDA") on December 6, 2010 at 10:30 a.m. at its offices at 58 East State Street, Montpelier, Vermont regarding the proposed issuance of up to $25 million stated principal amount of tax-exempt revenue bonds pursuant to Subchapter 4 of Title 10, V.S.A., Chapter 12 (which bonds will not constitute a debt or pledge of the faith or credit of the State of Vermont or VEDA), to finance a project to be owned or operated by Weidmann Electrical Technology, Inc., WICOR Americas, Inc., Weidmann Diagnostic Solutions, Inc., or related entities which project consists of.

New manufacturing machinery and equipment located at One Gordon Mills Way, St. Johnsbury, Vermont, including new paperboard press machines, used in the manufacture of the company's paperboard electrical insulation products, replacements of various motors, pumps, controls and other equipment with new components, related building modifications and improvements and other related ancillary costs, and closing costs and professional fees directly related thereto (the "Project").

All persons desiring to be heard on the Project and the proposed issuance of tax-exempt revenue bonds to finance the Project are invited to attend the public hearing. Written comments and general inquiries may be directed to VEDA at the address below:

Vermont Economic Development Authority
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Montpelier, VT 05602-3044

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The Pecor Family Foundation
King Street Dock
Burlington, VT. 05401

Henry T. Sorrell, Treasurer

November 13, 2010

Request for Proposal

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Location: Chittenden County

Site: 1 acre +/-
On CCTA bus line
Exterior green space
Building: 5,000 SF to 7,000 SF
A.D.A. compliant or can be readily upcoded

Zoning: To permit or conditionally permit a level III community Care Home

A complete copy of the Request for Proposal can be secured by contacting:

Geri Reilly Real Estate
c/o Michael Simoneau
205 Dorset St.
South Burlington, VT 05403
Phone: 802-862-6677
Email: simmy@buyrealestate.com

Responses to this Request for Proposal are due by 2:00P.M. on November 30, 2010

State of Vermont
District of Chittenden, SS
Probate Court
Docket No. 33464

In RE the Estate of James D Gordon late of South Burlington, Vermont.

NOTICE TO CREDITORS

To the creditors of the Estate of James D Gordon, late of South Burlington, Vermont.

I have been appointed a personal representative of the above named estate. All creditors having claims against the estate must present their claims in writing within 4 months of the date of the first publication of this notice. The claim must be presented to me at the address listed below with a copy filed with the register of the Probate Court. The claim will be forever barred if it is not presented as described above within the four month deadline.

Dated: November 2, 2010

/s/ Evan L. Gordon, Administrator
c/o Richard W. Kozlowski, Esq.
Lisman, Webster & Leckerling, P.C.
P.O. Box 728
Burlington, VT 05402
(802) 864-5756

Name of Publication: Burlington Free Press
First Publication Date: 11/6/2010
Second Publication Date: 11/13/2010

Address of Probate Court:
Chittenden District Probate Court
P.O. Box 511
Burlington, VT 05402-0511

November 6 & 13, 2010

TOWN OF SHELBURNE
DEVELOPMENT REVIEW BOARD

Notice hereby of Public Hearing to be held Wednesday, December 1, 2010 7:00PM
Meeting Location: Shelburne Town Center Meeting Room 1

SUB10-07 Application by Michael Wisniewski on behalf of Champlain Housing Trust / Housing Vermont (developers), as well as Margaret A. Dyer and Marvin and Sue Thomas (owners) for Sketch Plan approval for a Mixed-Use PUD consisting of affordable and market housing in a variety of styles to include apartments, single-family homes, townhouse units, senior housing, and a retail/commercial unit. Property is located at 5059 Shelburne Road and is in the Village Center Zoning District and Village Design Review Overlay Districts.
CU10-08 Application by Marcel Beaudin on behalf of SEA Trust for Conditional Use approval for 2 bedroom accessory apartment. Property is located at 141 Pheasant Way and is in the Rural Zoning District.
SP10-03/CU10-07 Application by Shelburne Green, LLC on behalf of SparkVT, Inc. for Site Plan and Conditional Use approval to redevelop an existing non-conforming structure for office and light manufacturing uses. Property is located at 6221 Shelburne Rd and is in the Commerce and Industry South Zoning District.

November 13, 2010

Lost & Found

FOUND - LAWN SWEEPER: on RTE 28, Westford, 10/25 Call (802) 879-3969 to describe and claim

DO I HAVE YOUR COAT? Mine was taken by mistake from Ready Funeral Home on Shelburne Rd on October 21st. Ladies Barn Coats are identical except for size. Yours has some distinctive items in the pockets. Please call (802) 862-7673 for an exchange.

FOUND DOGS (2): 1 female brown & white Chihuahua, found on Sawyer Ave, Milton, 1 male black lab, found on Bombardier Road, Milton. (802) 893-4297

LOST - "CASH REWARD" for the return or information leading to the return of the items stolen from my car while I was working in Colchester on Wed 11-3. Garmin Nuvi - Canon Digital camera-sony cybershot digital camera-toyota keys-LG Env Cellphone-Dale Earnhardt seat cover-Massaging Chair Pad-Sunglasses-misc car chargers-give me my stuff or lead me to it and you'll get your cash!!! Call Lisa at (802) 598-8319 E-mail rexiru@yahoo.com.

Absolutely Free

ANTIQUE ORGAN: Estey, over 100 yrs old, needs some work. Call (802) 879-1838

CAT: black & white male, 8 mos, very friendly & playful. We're moving. (802) 527-0066

COUCH: (802) 660-0945

FARMHOUSE: 3 unit apartment house. You move! Richmond. (802) 503-5651

FISH TANK: 36", with some fish and accessories. Jericho, (802) 899-3877

FREE JUNK CAR REMOVAL
50 Mile Radius of Burl. Mon - Sun 7AM-9PM
F&S Towing (802) 372-6431 (802) 318-0191

GAS CLOTHES DRYER: Working condition. (802) 660-0945

GAS FIREPLACE: (802) 660-0945

MOBILE HOME: 2 bdrm, set on basement, must move w/crane, Richmond 802-503-5651

OIL TANK: 270 gal., 60 yrs. old, Emptied of all oil. Call Dave at (802) 862-0421.

PALLETS / FIREWOOD: 141 Plains Rd, St Albans. You Pick up. Call (802) 524-6108

27" SONY COLOR TV: Perfect working condition. Free. (802) 922-8659

SPOTTED ALOE VERA PLANT: 15 years old, Call (802) 253-8111

WELLINGTON UPRIGHT PIANO: FREE. Renovating,piano must be moved.Great for someone just learning Call Suzanne,(802)-316-2250, E-mail washburnsj@comcast.net.

YELLOW LAB: Male. (802) 324-3755

Antiques/Collectibles

ANTIQUE PRAM BABY CARRIAGE: $50 (802) 872-9889

COWBOY BOOTS: Assorted Mens & ladies $15/ea (802) 598-7900

OLD MILK CANS (3): 2 have lids $10 each Call (802) 862-9702

T-HUNT (3): Munsters Coach model car, in packages, $30 firm (802) 324-2260

RUBY FLASH design on Excellent cond
PITCHER- Milk dots around perfect condrtio
Plea

SCOTCH 7 tapes w/60's, Stored 30+yrs,

12 SERIES HO the Metropolit (802) 864-4002

TOWARE: flat each. Call (802

TRUNK: Curved 24" H. excellent

VPR COLLECTI (802) 878-0809

WANTED: old the 1800's. 8713. E-mail:

56 YEAR OLD Cast iron. In needs repair. A

AIR CONDITION (802) 864-7923

DEHUMIDIFIER: (802) 777-8827

FOOD PROCESS (802) 655-3799

GE MICROWAV great. Burlingto

HUMIDIFIER: sonic, Mnx-free

MICROWAVES: Call (802) 879-

BABY CHANGIN (802) 849-2754

BABY CLOTHES (802) 540-023

Buil

BATHROOM SI $25 obo. Call (

STAINLESS STE $75 Call (802)

WHITE CEDAR Cedar clapboa garden beds (4', 5', & 6'. orders for sprin

Busi

2-DRAWER FI Beige, Like Ne

STORAGE / FI of 3. Beige. $15

Camera

CAMERA: Cano (802) 864-7923

DIGITAL CAMER Cost $80. Askin

Com

DELL 23" COM 862-2067

DELL COMPUTE em, $75 Call (8

GAMING COM enclosure Antec GTS GPU, LC games & e $600/best. Call

HP OFFICE PRO Color & B&W 0574

HP500 PRINTER (802) 862-2067

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

- 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 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions.	Name of Exempt Organization	Employer identification number
	PECAR FAMILY FOUNDATION	03 0287699
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	KING ST DOCK	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BURLINGTON, VT 05401	

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
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ HENRY T. SORRELL

Telephone No. ▶ (802) 864-9804 FAX No. ▶ ( )

- 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 this is for the whole group, check this box . . . . . ▶ ☐. If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20____ or

▶ ☑ tax year beginning JULY 1, 2009, and ending JUNE 30, 2010.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	3a	$ 2900.
b	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.	3b	$ —
c	**Balance Due.** Subtract line 3b from line 3a. 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.	3c	$ 2900

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☐

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		**Employer identification number**
File by the extended due date for filing the return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Check type of return to be filed (File a separate application for each return):

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ .....

Telephone No. ▶ (.....) ..... FAX No. ▶ (.....) .....

- 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 this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until ....., 20.....

5 For calendar year ....., or other tax year beginning ....., 20....., and ending ....., 20.....

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension .....

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**	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$
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**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Henry T. Sewell Title ▶ TREASURER Date ▶ 11/11/10