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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 2010

F	or ca	lendar year 2010, br	tax year begi	nning		<u></u> .	, 2010,	and end	ling			, 20
G	Che	ck all that apply	Initial retur			Initial return	•	ublic cha	rity		Final retu	rn
_			Amended	return		Addre	ss change			lame change		
		of foundation			_					A Employer identif	ication number	
		ARD E. AND DEB	ORAH L. 1	'ARRAN'I						2.2	0064500	
_		DATION, INC.								····	-0364509	
N	umbe	r and street (or P O box n	number if mail is n	ot delivered t	to street a	ddress)	,	Room/si	uite	B Telephone number	(see page 10 of th	e instructions)
ם	0	BOX 521					!			,	1	
		town, state, and ZIP code		_						C If exemption applic	ation is	
Ç	ty Oi	town, state, and ZIF code	C							pending, check her	9	
W	INO	OSKI, VT 05404								D 1 Foreign organiza		
_		ck type of organizatio		on 501(c)(3) exe	mpt private f	foundation			2 Foreign organiz 85% test, check	here and attach	
Ï		ection 4947(a)(1) none				er taxable pr		tion		computation .		. •
Ť		market value of all as				ethod X C				E If private foundation under section 507(►
	of y	ear (from Part II, col (d			•	cify)				F If the foundation is		
	_	▶ \$ 12,486				d) must be on				under section 507(t		
G	art	Analysis of Revenu	e and Expens	es (The	(a) Re	evenue and	(h) Not in:	etment		a) Advected not	(d) Disbur	
		total of amounts in colu may not necessarily eq	qual the amounts	s in í	expe	enses per	(b) Net inve		"	c) Adjusted net income	for char	
_		column (a) (see page 1	11 of the instruct	ions))	ŀ	ooks					(cash bas	
	1	Contributions, gifts, grants, etc	, received (attach sch ndation is not regi			90,000.						<u> </u>
	2		h B								ļ	
	3	Interest on savings and ten				370,889.	27	0,889.			7.000	1
	4	Dividends and interest				370,009.	37	0,009.	-		ATCH	<u> </u>
		Gross rents							0	-OEN/ED		
		Net rental income or (loss)				-373,688.			K	CEIVED	1,2	
nue		Net gain or (loss) from sale Gross sales price for all		, 688.		3.37000.		$-\infty$			्र	
Revenue	7	assets on line 6a —— Capital gain net income		<u> </u>				- 5	NU	V 1 6 2011		
æ	8	Net short-term capital g	•	, i				 1		تتناوي ور 2 مهم	්ර	
	9	Income modifications ·	•						00	3DEN, UT		
	10 a	Gross sales less returns and allowances · · · · ·	. [¥	-			
	b	Less Cost of goods sold .										
	С	Gross profit or (loss) (at										
	11	Other income (attach so	chedule)	-		25,111.	1	1,405.			ATCH	2
_	12	Total. Add lines 1 throu				112,312.	38	2,294.	-		<u> </u>	
	13	Compensation of officers, o				97,817.					ļ	
Se	14	Other employee salaries				5,438.		· · ·				
Su:	15	Pension plans, employe		· · · ·		3,430.						
xpe	16a	Legal fees (attach sched Accounting fees (attach		⊢		3,175.		0.		0	<u> </u>	0
М	b	Other professional fees							 		<u> </u>	<u> </u>
at:	17	Interest		٠, إ		-			ļ			
str	18	Taxes (attach schedule) (se		tructions)		23,794.		6,311.				
Ę	19	Depreciation (attach so		· · ·								
ζď	20	Occupancy		<i>.</i> [
Ğ	21	Travel, conferences, an		I .		9,066.						
) ar	22	Printing and publication										
⊖ Operating and Administrative Expenses	23	Other expenses (attach				160,387.	15	4,573.	1			
era	24	Total operating and ac				200 677	1.0	0.004		2		•
g	ļ	Add lines 13 through 2			1	299,677. ,211,387.	16	0,884.	-	0	1	0
1	25	Contributions, gifts, gra	•			,211,387. ,511,064.	1 2	0,884.	ļ	0		211,387 211,387
+3	20	Total expenses and disbursen		4 and 25		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 10	0,004.	+		· · · · · · · · ·	211,307
	27	Subtract line 26 from li Excess of revenue over expen			-1	,398,752.						
		Net investment income				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22	1,410.				
		Adjusted net income (· -					t		 	

Ę,	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
-	en t II	Dalaine Stieets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	175,401.	88,549	. 88,549.
	2		cash investments			
	3	Accounts receivable				
		Less allowance for doub	btful accounts ▶			
	4					
		Less allowance for doub	btful accounts ▶			
	5					
	6		officers, directors, trustees, and other			
			ch schedule) (see page 15 of the instructions)			
	7		eceivable (attach schedule)		* 0	ATCH 6
			btful accounts ▶	9,620.	0	1
	8		e			
ssets	9		eferred charges	··· · · ·		
Ass			e government obligations (attach schedule)			
•			stock (attach schedule)		****	-
			bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis	S.		······	
		Less accumulated deprecia (attach schedule)	´			
	12	Investments - mortgage	loans ATCH 7	10 542 700	11 011 110	10 000 176
	13 14	Investments - other (atta		12,543,728.	11,241,448	12,398,176.
		equipment basis	ton .			
_		(attach schedule)	tion			
	15	Other assets (describe	,			
	16		completed by all filers - see the age 1, item I)	12,728,749.	11,329,997	12,486,725.
	17	Accounts payable and a	ccrued expenses			
	18					
es	19]
Liabilities	20		rs, trustees, and other disqualified persons			
abi	21	Mortgages and other no	tes payable (attach schedule)			
I	22	Other liabilities (describe	→)			
	23	Total liabilities (add line	s 17 through 22)		0	
_			low SFAS 117, check here		· · · · · · · · · · · · · · · · · · ·	1
s		and complete lines	24 through 26 and lines 30 and 31.			
၁င	24	Unrestricted				_
alai	25					4
8	26		· · · · · · · · · · · · · · · · · · ·			_
Ĕ	24 25 26		not follow SFAS 117,			
Ē			plete lines 27 through 31. X			
	27		cipal, or current funds			_
Net Assets	28	• • •	land, bidg, and equipment fund	12,728,749.	11,329,997	_
Ass	29		ulated income, endowment, or other funds	12,720,749.	11,329,991	<u>.</u>
et	30		fund balances (see page 17 of the	12 720 740	11 220 007	
Z			· · · · · <u>· · · · · · · · · · · · · · </u>	12,728,749.	11,329,997	•
	31		t assets/fund balances (see page 17	12 720 740	11 220 007	
				12,728,749.	11,329,997	•
_			anges in Net Assets or Fund E			
1			alances at beginning of year - Part I		_	10 700 715
			d on prior year's return)		1	12,728,749.
		r amount from Part I,			2	-1,398,752.
			ed in line 2 (itemize) ▶		3	
		lines 1, 2, and 3			4	11,329,997.
		reases not included in			5	
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus li	ne 5) - Part II, column (b), line 30 6	11,329,997.

	d describe the kind(s) of property sold (rick Warehouse, or common stock, 200		(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE		3/13 1/12/3 30)	D-Donation	(
b			- -		
C	· · · · · · · · · · · · · · · · · · ·				
<u>d</u>	······································				
e			-		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
С					
е					
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less t Losses (from co	
а					
b					
С					
d			<u></u>		
<u>e</u>	<u> </u>		ļ		
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		373,688.
If gain, also enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instructions)			
	Index Section 4940(a) for Por	duced Tax on Net Investment I	l 3		
		e section 4940(a) tax on net invest			
If "Yes," the foundation does	the section 4942 tax on the distrib not qualify under section 4940(e).			_	Yes X No
	ount in each column for each year	, see page 18 of the instructions be	efore mak		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
2009	991,448.	15,811,551.			0.062704
2008	1,797,750.	15,091,479.			0.119124
2007	1,766,348.	20,268,652.			0.087147
2006	1,590,460.	21,653,848.			0.073449
2005	160,121.	3,253,198.	ļ		0.049220
2 Total of line 1, column (d))		2		0.391644
-	for the 5-year base period - divide dation has been in existence if less		3		0.078329
4 Enter the net value of nor	ncharitable-use assets for 2010 fro	om Part X, line 5	4	12,	302,775.
5 Multiply line 4 by line 3			5		963,664.
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6	•		1		2,214.
			7		2,214. 965,878.
8 Enter qualifying distribution of the state				1, using a 1% ta	965,878.

Capital Gains and Losses for Tax on Investment Income

<u> P</u> ar	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	tructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,2	214.
	here ► X and enter 1% of Part I, line 27b			
С	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		_2,2	214.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		2,2	214.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3,840 .			
b	Exemply foreign organizations-tax withhelp at source			
	,			
_ d	Backup withholding erroneously withheld 6d		12 (240
7	Total credits and payments Add lines 6a through 6d		13,8	40.
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		11 (226
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2011 estimated tax 2,240 Refunded 11		11,6	386.
	t VII-A Statements Regarding Activities 2,240 - Refunded ▶ 11		- 2, -	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No.
	participate or intervene in any political campaign?	_1a_	162	No X
ь	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		X
	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			
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-	
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
е	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?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		х	
-	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		
08	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) $\bigvee VT_{\ell-}$			
h				
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 ATTACHMENT 8			x
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	8b		 -
•	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	3		<u> </u>
	nomes and addresses ΔΥΤΆ CHMENT Q	10	Х	
	names and addresses ATTACHTENT 9			

	t VII-A Statements Regarding Activities (continued)		·	age 3
11			_	
• •	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13		13	X	
	Website address N/A			
14	The books are in care of ►RON_ROBERTS Telephone no ► 603-47	-99	9	
	Located at \triangleright 360 RT 101, SUITE 3A BEDFORD, NH ZIP+4 \triangleright 03110			
15	The books are in care of Located at \$\int 360\$ RT 101, SUITE 3A BEDFORD, NH 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			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
_	the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	<u>No</u>
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			
	uisquainieu persunt			
	(b) Tarrish goods, services, or radinates to (or accept them norm) a disqualined person?			
	(4) Tay compensation to, or pay or reimourse the expenses of, a disqualment person?			
	(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)?			
	the benefit of use of a disqualined person)			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here.			
С	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 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2010?		,	
	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 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 22 of the instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	Pathoto the transfer of the same and the sam			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? X Yes No			
O	If "Yes," did it have excess business holdings in 2010 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	1		
	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 2010)	3 ь	x	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2010?	4 b		Х
			n.DE	(2010)

_	990-PF (2010)		03-036			Page 6
¦वा	rt VII-B Statements Regarding Activities	for Which Form 47	720 May Be Requ	ired (continued)		
ъa	During the year did the foundation pay or incur any amo	ount to			1]	
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	4945(e))?	Yes X No	>	
	(2) Influence the outcome of any specific public election	on (see section 4955), o	r to carry on,			
	directly or indirectly, any voter registration drive?			Yes X No	,	İ
	(3) Provide a grant to an individual for travel, study, or				.	
	(4) Provide a grant to an organization other than a cha					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)	(see page 22 of the ins	tructions)	Yes X No	,	
	(5) Provide for any purpose other than religious, charif			• المسما		
	purposes, or for the prevention of cruelty to children	-		Yes X No	.	
h	If any answer is "Yes" to 5a(1)-(5), did any of the tran					
U	Regulations section 53 4945 or in a current notice rega				_{5b}	
	Organizations relying on a current notice regarding disa				30	\dashv
_						
С	If the answer is "Yes" to question 5a(4), does the foun					
	because it maintained expenditure responsibility for the			. Yes No	'	
	If "Yes," attach the statement required by Regulations se	• ,				
6 a	Did the foundation, during the year, receive any funds,					
	on a personal benefit contract?					\ _U
b	Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a p	ersonal benefit contrac	:t [?]	6b	X
_	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a p	•	•			
	If "Yes," did the foundation receive any proceeds or ha	ve any net income attrib	utable to the transaction	n?	7b	
- el	rt VIII Information About Officers, Director and Contractors	s, Trustees, Found	aation wanagers,	rignly Pald Empl	oyees,	
1_	List all officers, directors, trustees, foundation	managers and their		page 22 of the instr	uctions). —	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense a other allow	
		devoted to position	-0-)	and deferred compensation	Other allow	ances
	UMA CUMPAN 10	-	0			•
AT	TACHMENT 10		0.	0.		. 0
		_				
		<u> </u>				_
		_			<u>-</u>	_
		_				-
		_				
		-				
2	Compensation of five highest-paid employees (c	other than those incl	uded on line 1 - se	e page 23 of the inst	tructions).	
2			uded on line 1 - se		tructions).	-1
2	Compensation of five highest-paid employees (c	(b) Title, and average	uded on line 1 - se	(d) Contributions to employee benefit	(e) Expense a	
2	Compensation of five highest-paid employees (of the first section of the			(d) Contributions to		
2	Compensation of five highest-paid employees (of the first section of the	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
2 (a	Compensation of five highest-paid employees (of the first section of the	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	ances
2 (a	Compensation of five highest-paid employees (of If none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allow	ances
2 (a	Compensation of five highest-paid employees (of If none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allow	ances
2 (a	Compensation of five highest-paid employees (of If none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allow	ances
2 (a	Compensation of five highest-paid employees (of If none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allow	ances
2 (a	Compensation of five highest-paid employees (of If none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allow	ances

Par	t VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ploy	ees,
3	Five h	ghest-paid independent contractors for professional services (see page 23 of the instructions).	If no	ne. enter "NONE."
		(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
				(1) 11
	NONE		1	
	NONE		\rightarrow	
			\rightarrow	
			İ	
Tota	I numbe	er of others receiving over \$50,000 for professional services	•	NONE
Par	t IX-A	Summary of Direct Charitable Activities		
1 101	the found	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	- 05	
		and other beneficianes served, conferences convened, research papers produced, etc	01	Expenses
	N/A			
Т -				
_				
_				
-2-				
_				
_				
3				
_				
-	. – – – –			
4				
7-				
-		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
D -	A IV D	Commonweal Programs Deleted Investments (1997)		
	t IX-B	Summary of Program-Related Investments (see page 24 of the instructions)		
		two largest program-related investments made by the foundation during the tax year on lines 1 and 2	\longrightarrow	Amount
1_	NONE			
_	. -			
_				
2				
_				
All	other prog	gram-related investments. See page 24 of the instructions		
3	NONE			
-				
		noo 1 through 2	$\overline{}$	
100	ı. Add I	nes 1 through 3	<u> </u>	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreignee page 24 of the instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	12,358,152.
b	Average of monthly cash balances	1b	131,975.
C	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	12,490,127.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12,490,127.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	187,352.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,302,775.
6	Minimum investment return. Enter 5% of line 5	6	615,139.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ► and do not complete this privation.		
1	Minimum investment return from Part X, line 6	1	615,139.
2 a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b	1	
С	Add lines 2a and 2b	2c	2,214.
3-	Distributable amount before adjustments Subtract line 2c from line 1	3 _	612,925.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	612,925.
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	612,925.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,211,387.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,211,387.
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	2,214.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,209,173.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating whe	ther the foundation

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
	, ,	(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
•	i		<u> </u>		612,925.
_	line 7				012,723.
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only				
b	Total for pnor years 20_08_,20_07_,20_06	·			····
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
b	From 2006				
C	From 2006 884, 913. From 2007 766, 479. From 2008 1,048, 244.				
d	From 2008 1,048,244.				
е	From 2009				
	Total of lines 3a through e	2,904,320.			
4	Qualifying distributions for 2010 from Part XII,		,		
	line 4 ▶ \$ 1,211,387.				
а	Applied to 2009, but not more than line 2a				
	,,,,				
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
		·····			
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				612,925
	Applied to 2010 distributable amount	E00 462			012,925
	Remaining amount distributed out of corpus	598,462.			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,502,782.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
ч	Subtract line 6c from line 6b Taxable				
•	amount - see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2011				•
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				
8	instructions)				-,
•	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2011.	2 502 702			
	Subtract lines 7 and 8 from line 6a	3,502,782.			<u>. </u>
	Analysis of line 9				
	Excess from 2006 884, 913.				
b	Excess from 2007				
С	Excess from 2008 1,048,244.				
d	Excess from 2009 204, 684.				
_е	Excess from 2010 598, 462.				

	If the foundation has r foundation, and the ruling	-			~	
b	Check box to indicate whe)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year_		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	85% of line 2a					_
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line					
3	2d from line 2c					
а	"Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying					
b	under section 4942(j)(3)(B)(i) "Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	Ine 6 for each year listed					
С	"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)					
	provided in section 4942 (j)(3)(B)(iii)					
	port from an exempt organization					
Pa	art XV Supplementa			only if the found	ation had \$5,000	or more in asset
		luring the year - se		istructions.)	<u> </u>	
ı a	Information Regarding List any managers of	the foundation who b	nave contributed moi			ed by the foundation
	before the close of any N/A	tax year (but only if the	ley have contributed	more than \$5,000) (S	ee section 307 (a)(2))	
b	List any managers of ownership of a partner					large portion of the
	N/A					
2	Information Regarding	g Contribution, Gran	t, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ►	or funds. If the four	dation makes gifts,			
а	The name, address, a ATTACHME	•	of the person to who	m applications should b	e addressed.	
b	The form in which app		bmitted and informat	on and materials they	should include	
	NO SPECIFIC	C FORM IS REQU	IRED.			
С	Any submission deadli	nes.				
		NS ARE ACCEPTE				
d	Any restrictions or li factors	mitations on awards	, such as by geogr	aphical areas, charita	able fields, kinds of	institutions, or othe
	ATTACHMI	ENT 13				

Form 990-PF (2010)			03-0364509	Page 11
Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of		Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
a Paid during the year				3
		Ì		
ATTACHMENT 14				
			1	
			İ	
Total	<u> </u>	<u> </u>	-	1,211,387.
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		▶ 3a	1,211,307.
b Approved for future payment				
	L			
Total		· · · · · ·	▶ 3b	

nter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
a		·-			
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments		1			
4 Dividends and interest from securities			14	370,889.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property .					
Other investment income				272 600	
Gain or (loss) from sales of assets other than inventory			18	-373,688.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue a				25,111.	
b ATTACHMENT 15				25,111.	
c					
d					
				i	
e				22 312	
2 Subtotal Add columns (b), (d), and (e)				22,312.	22.312
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)					22,312
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29	to verify calci	ulations)		13	22,312
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 Part XVI-B Relationship of Activities Line No. Explain below how each activity accomplishment of the foundations.	to verify calco	ulations) complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to the
2 Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to t
2 Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to t
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2 Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to the
2 Subtotal Add columns (b), (d), and (e)	to verify calco	ulations) complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to the
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 Part XVI-B Relationship of Activities Line No. Explain below how each activity accomplishment of the foundations.	to verify calco	ulations) complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to the

Part XVII

:	_Exempt Orga	nizations_	_							
1 Did the	e organization directly	y or indirectly en	gage in any o	f the followin	g with any	y other org	anization descri	bed	Yes	No
ın sect	ion 501(c) of the Co	ode (other than s	ection 501(c)(3) organizations) or in se	ction 527,	relating to polit	tical		
organiza	ations?									
a Transfe	rs from the reporting fo	oundation to a nonc	charitable exempt	organization of				ĺ		
(1) Cas	h				<i>.</i> .			1a(1)	Х
	er assets							l l		Х
b Other tr										
(1) Sale	es of assets to a nonch	naritable exempt orga	anization					1ь(1)	Х
	chases of assets from								. I	X
	ntal of facilities, equipm)	X
	mbursement arrangeme									X
	ins or loan guarantees									X
	formance of services o									X
	of facilities, equipmen									X
d If the	answer to any of t	the above is "Ye	s," complete th	ne following s	chedule C	olumn (b)	should always	show the	faır	market
value o	of the goods, other	assets, or service	s given by the	e reporting fo	undation l	f the found	lation received	less than	faır	market
value ii	n any transaction or	r sharing arranger	ment, show in	column (d) tl	ne value o	f the goods	s, other assets,	or service	es re	ceived
(a) Line no	(b) Amount involved	(c) Name of nor	charitable exempt	organization	(d) Descri	ption of transfe	ers, transactions, an	nd sharing arr	angeme	ents
	N/A		_		N/A					
						·				
		<u> </u>								
		ļ	<u> </u>				· · · · · · · · · · · · · · · · · · ·			
		ļ								
										
		 					···			<u>-</u>
										
2- le the	foundation disastly	or indicatly offil	estad with as	rolated to a						
	foundation directly ed in section 501(c) of	•				•	•		es -	X No
	" complete the following		ii section 50 i(c)(3)) or in section	3277			Ш'	es	
<u> </u>	(a) Name of organization		(b) Type	of organization			c) Description of re	elationship	_	
			<u> </u>		-		·			
									-	
										
Und		edare that I have exa	mined this return,	including accomp	anying sched	lules and state	ments, and to the	best of my	knowled	dge and
Sign Bell	f, it is true, confect, and cor	milete Declaration of	preparer (otner than	taxpayer or fiduo	iary) is based	on all informat	ion of which prepai	rer has any k	nowlead	je
Here	Could L	11/20		. 11-	10-11	_`	Treasur			
	ignature of officer or truste	e		Date		Tit	ile			
	Print/Type preparer's	s name	Preparer's sign	nature		Date /	_	PTIN		
Paid			1	UE. CA	4	الدليبا	Check]ıf		
	CATHY H. ATTI	(G	$\perp CO^{l}$	- V Y CP		11/4/0		yed P00		83
Preparer		ANAHER ATTIG					Firm's EIN ▶ 2	0-3682	35	
Use Only	Firm's address ▶ 15			2166	-					
	SC	OUTH BURLING	TON, VT	.=	054	07-2166	Phone no 80	2-383-	0399	
							·	Form 9	90-PF	(2010)

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

2010

Name of the organization Employer identification number RICHARD E. AND DEBORAH L. TARRANT FOUNDATION, INC. 03-0364509 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 501(c)(3) exempt private foundation Form 990-PF 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 331/3% 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 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) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization RICHARD E. AND DEBORAH L. TARRANT Employer identification number FOUNDATION, INC. 03-0364509 Part I Contributors (see instructions) (d) (a) (c) **Aggregate contributions** No. Name, address, and ZIP + 4 Type of contribution _ 1 RICHARD E. TARRANT Person **Payroll** P.O. BOX 1070 90,000. Noncash (Complete Part II if there is BURLINGTON, VT a noncash contribution) (a) (b) (c) (d) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (a) -(b) -(c) _(d) **Aggregate contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (b) (a) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Person **Payroll** Noncash

(c)

Aggregate contributions

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(a)

No.

(b)

Name, address, and ZIP + 4

FORM 990-PF - PART IV

Kind of Property	Description			or Date D acquired		Date sold	
Gross sale Depreciation price less allowed/ expenses of sale allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	P	Gain or (loss)	
	PARTNERSHI	T-TERM COMMO P, S CORPORA TRUST GAIN	ATION, AND	UND AND		157,580.	
	PARTNERSHI	-TERM COMMON P, S CORPORA TRUST GAIN	ATION, AND			-531,268.	
OTAL GAIN(LOSS)		• • • • • • • • • • • • • • • • • • • •		· • • • • • • • • • • • • • • • • • • •		-373,688.	
							-

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NE INVES' INC
CHRISPUS HOLDINGS III, LLC - INTEREST CHRISPUS HOLDINGS III, LLC - DIVIDENDS	204,425.	
TOTAL	370,889.	

•	•
S	4
\sim	9
4	4
	-
4	9
\circ	9
\sim	\vdash

370,889.

- OTHER INCOME

PART I

FORM 990PF,

13,706. EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

11,405.

11,405.

25,111.

FEDERAL TAX REFUND ORDINARY INCOME/LOSS FROM PASS THROUGH

DESCRIPTION

TOTALS

8:21:08 AM V 10-8.2

87647J 771P 11/4/2011

PAGE 19

ATTACHMENT 2

FEES
GF
NIIN
ACCOUN
AC
ı
Н
PART

FORM 990PF,

INVESTMENT INCOME 3,175. EXPENSES PER BOOKS REVENUE AND TAX PREPARATION DESCRIPTION

ADJUSTED NET INCOME

CHARITABLE PURPOSES

3,175.

TOTALS

0

6

0

ATTACHMENT 3

ATTACHMENT 4

REVENUE	AND

INVESTMENT INCOME

PER BOOKS EXPENSES

6,311. 7,483. 10,000.

6,311.

TOTALS

FOREIGN TAX WITHHELD PAYROLL TAXES FEDERAL TAXES PAID

DESCRIPTION

23,794.

6,1311.

OTHER EXPENSES
0 - I
PART
990PF,
FORM

REVENUE	AND	EXPENSES	PER BOOKS	148	154,573	276	1,648
			DESCRIPTION	BANK SERVICE CHARGES	FROM PASS THROUGH ENTITY	PAYROLL SERVICE CHARGE	INSURANCE EXPENSE

AND NET INVESTMENT INVESTMENT INCOME INCOME INCOME IS4,573. I54,573. I54,573. I54,573. I54,573.

154,573.

160,387.

TOTALS

FORM 990PF, PART II. - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: ORIGINAL AMOUNT: DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS: SECURITY PROVIDED: PURPOSE OF LOAN:	DUE FROM CHRISPUS HOLDINGS III LLC 9,620. 10/23/2009 11/01/2010 SHORT-TERM DEMAND LOAN NONE CASH FLOW	
BEGINNING BALANCE DUE	•••••	9,620.
ENDING BALANCE DUE		0.
ENDING FAIR MARKET VALUE	•••••••••••••	0.
TOTAL BEGINNING OTHER N	OTES AND LOANS RECEIVABLE	9,620.
TOTAL ENDING BOOK - OTH	ER NOTES AND LOANS RECEIVABLE	0.
TOTAL ENDING FMV - OTHE	R NOTES AND LOANS RECEIVABLE	0.

DESCRIPTION

BEGINNING BOOK VALUE

BOOK VALUE ENDING

ENDING FMV

CHRISPUS HOLDINGS III, LLC

12,543,728.

12,543,728.

TOTALS

11,241,448.

11,241,448.

12,398,176.

12,398,176.

ATTACHMENT 7

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE STATE OF VERMONT DOES NOT REQUIRE A COPY OF FORM 990-PF.

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RICHARD E. AND DEBORAH L.	נים בים בים בים בים בים בים בים בים בים ב

03-0364509

ATTACHMENT 9

		1	
ONTRIBUTORS	DIRECT	SOFFORT	.000,00
FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS	E F G	DAIE	08/10/2010
LINE 1			
VII-A,		<u>.</u> 1	NT 05402
PART		DKESS	TARRA 70 VT
990PE,		NAME AND ADDRESS	RICHARD E. TARRANT P.O. BOX 1070 BURLINGTON, VT 05402
FORM		NAME	RICHZ P.O. BURLI

TOTAL CONTRIBUTION AMOUNTS

90,000.

8:21:08 AM V 10-8.2 87647J 771P 11/4/2011

RICHARD E. AND DEBORAH L. TARRANT	ANT.			03-0364509
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	CERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 10
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DEBORAH L. TARRANT P.O. BOX 1070 BURLINGTON, VT 05402	DIRECTOR - AS REQUIRED	.0	.0	0
RONALD L. ROBERTS 360 RT 101, SUITE 3A BEDFORD, NH 03110	DIRECTOR - AS REQUIRED	· 0	.0	• 0
	GRAND TOTALS	0	0	0

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	ATTACHMENT 11	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	5,438.		5,438.	
MPLOYEES		COMPENSATION	97,817.	-	97,817.	
990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES		TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	40.00		TOTAL COMPENSATION	
990PF, PART VIII - COMP		NAME AND ADDRESS	LAUREN CURRY P.O BOX 521	WINCOSKI, VI OS404		

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

LAUREN CURRY P.O. BOX 521 WINOOSKI, VT 05404

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

QUALIFIED ORGANIZATIONS MUST PROVIDE VALUABLE COMMUNITY SERVICES AND DEMONSTRATE THEY MEET FUNDAMENTAL NEEDS NOT EASILY MET ELSEWHERE, AND DEMONSTRATE PROFESSIONAL AND EFFICIENT MANAGEMENT.

THE FOUNDATION SHALL LOOK FAVORABLY UPON QUALIFIED ORGANIZATIONS WHICH ARE EDUCATIONAL IN NATURE, OR WHICH SERVE THE NEEDY, INCLUDING THE POOR AND DISENFRANCHISED.

NO QUALIFIED ORGANIZATION MAY BE A PROPONENT OF FREE CHOICE AS IT RELATES TO ABORTION.

NO ORGANIZATION WHICH ADOPTS OR SUPPORTS A SOCIALIST POLITICAL PLATFORM OR "PROGRESSIVE" SOCIALIST TYPE AGENDA SHALL BE AN ELIGIBLE QUALIFIED ORGANIZATION.

RICHARD E. AND DEBORAH L. TARRANT	03-036450	
FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	RING THE YEAR	
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	:
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOS
SEE ATTACHED STATEMENT	NO RELATIONSHIP	_
	EXEMPT	

:

ATTACHMENT 14

•	1,211,387.	
	TOTAL CONTRIBUTIONS PAID	

1,211,387

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 14 PAGE 31

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Recipient name and address	Relationship to substantial contributor and Foundation status of recipient	Purpose of grant or contribution	Amount
Faith in Action Cabot, VT	No relationship Exempt	General Operating Support	5,000 00
Vet to Vet Northfield, VT	No relationship Exempt	General Operating Support	15,000 00
Bella Voce Burlington, VT	No relationship Exempt	Annual Appeal	250 00
Boys & Girls Club of Burlington Burlington, VT	No relationship Exempt	After School and Summer Programs	7,500 00
Bristol Family Center Bristol, VT	No relationship Exempt	Roof Replacement	5,000 00
Central Vermont Council on Aging Montpelier, VT	No relationship Exempt	Neighbor to Neighbor Program	2,000 00
Bennington Early Childhood Center Bennington, VT	No relationship Exempt	Summer Support Program	1,500 00
Burlington Children's Space Burlington, VT	No relationship Exempt	Tuition Assistance	15,000 00
Dream Program Winooski, VT	No relationship Exempt	Summer Camp Scholarship	2,500 00
Burlington Dismas House Burlington, VT	No relationship Exempt	General Operating Support	8,000 00
Burlington Emergency Shelter Burlington, VT	No relationship Exempt	General Operating Support	2,500 00
Good Beginnings of Central Vermont Montpelier, VT	No relationship Exempt	Family Infant Home Visitation	2,500 00
Historic Homes of Runnemede Windsor, VT	No relationship Exempt	Building Repairs	7,500 00

Richard E. and Deborah L. Tarrant Foundation Charitable Contributions January 1, 2010 - December 31, 2010 Form 990PF, Part XV - Grants and Contributions			
Recipient name and address	Relationship to substantial contributor and Foundation status of recipient	Purpose of grant or contribution	Amount
Mid Summer Program Burlington, VT	No relationship Exempt	General Operating Support	4,000 00
Cancer Patient Support Group Burlington, VT	No relationship Exempt	General Operating Support	14,000 00
Champlain Valley Friends of the NRA Burlington, VT	No relationship Exempt	General Support	250 00
City of Winooski Winooski, VT	No relationship Exempt	O'Brien Center	100,000 00
Colchester/Milton Rotary Colchester, VT	No relationship Exempt	Holiday Basket Program	200 00
Diocese of Burlington Burlington, VT	No relationship Exempt	Bishop's Fund	50,000 00
Ethan Allen Club Scholarship Fund Burlington, VT	No relationship Exempt	Scholarship Fund	1,000 00
Ethan Allen Institute Burlington, VT	No relationship Exempt	General Operating Support	2,500 00
Rebuilding Together Greater Burlington Burlington, VT	No relationship Exempt	General Operating Support	3,000 00
Vermont Works for Women Winooski, VT	No relationship Exempt	General Operating Support	7,500 00
Central Vermont Community Action Council Montpelier, VT	No relationship Exempt	Financial Literacy Initiative	5,000 00
Christ the King Burlington, VT	No relationship Exempt	St Anthony Gym Floor	1,000 00
Pawsitive Pantry Warren, VT	No relationship Exempt	Food Supply Assistance	3,000 00
Greater Burlington YMCA Burlington, VT	No relationship Exempt	Midnight Basketball	2,000 00

Richard E. and Deborah L. Tarrant Foundation Charitable Contributions January 1, 2010 - December 31, 2010 Form 990PF, Part XV - Grants and Contributions 03-0384509

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Richard E. and Deborah L. Tarrant Foundation Charitable Contributions January 1, 2010 - December 31, 2010			
03-0354309 Recipient name and address	Relationship to substantial contributor and Foundation status of recipient	Purpose of grant or contribution	Argount
Shelburne Museum Shelburne, VT	No relationship Exempt	General Operating Support	2,000 00
Kellogg Hubbard Library Montpelier, VT	No relationship Exempt	After School Program	2,000 00
Home Share of Central Vermont Barre, VT	No relationship Exempt	General Operating Support	5,000 00
Champlain Valley Exposition Essex Junction, VT	No relationship Exempt	General Operating Support	5,000 00
Community Center in Jericho Jericho, VT	No relationship Exempt	Campaign for a Solid Footing	2,000 00
John Graham Emergency Shelter Vergennes, VT	No relationship Exempt	Case Management	2,000 00
Vermont Fallen Families Plainfield, VT	No relationship Exempt	GWOT Memonal Fund	2,000 00
Norwich University Norwich, VT	No relationship Exempt	Doyle Hall Campaign	25,000 00
Green Team 885 Randolph, VT	No relationship Exempt	2010 Robotics Challenge	2,000 00
St. Benedict's Preparatory School Newark, NJ	No relationship Exempt	Annual Fund	25,000 00
St Francis Xavier School Winooski, VT	No relationship Exempt	Tuiton Assistance	10,000 00
Rice Memorial High School Burlington, VT	No relationship Exempt	Hockey Program	50,000 00
Rice Memorial High School Burlington, VT	No relationship Exempt	Returning Tarrant Diversity Students	34,200 00
Sisters of Providence	No relationship	Family Assistance Program	10,000 00

Richard E. and Deborah L. Tarrant Foundation Charitable Contributions January 1, 2010 - December 31, 2010 102 102 990PF, Part XV - Grants and Contributions			
Recipient name and address	Relationship to substantial contributor and Foundation status of recipient	Purpose of grant or contribution	Ariount
Winooski, VT	Exempt		
American Cancer Society Burlington, VT	No relationship Exempt	Relay for Life	250 00
Springfield Family Center Springfield, VT	No relationship Exempt	Lunch at Home Program	7,500 00
Mahana Magic Program Charlotte, VT	No relationship Exempt	General Operating Support	1,000 00
University of Vermont Burlington, VT	No relationship Exempt	Tarrant Institute	00 000'009
University of Vermont Burlington, VT	No relationship Exempt	Project 020559 - I-LEAP	37,437 00
Boca Raton Regional Hospital Foundation Boca Raton, FL	No relationship Exempt	General Operatinng Support	2,500 00
Addison County Home Health and Hospice Middlebury, VT	No relationship Exempt	General Operating Support	1,000 00
Project Independence Adult Day Service Middlebury, VT	No relationship Exempt	General Operating Support	8,000 00
Vermont Maple Sugar Makers Association Richmond, VT	No relationship Exempt	Operation Vermont Maple Sweetness 2010	1,000 00
Vermont National Guard Charitable Foundation Essex Junction, VT	No relationship Exempt	Care Packages Project	1,000 00
Everybody Wins! Vermont Montpelier, VT	No relationship Exempt	General Operating Support	11,000 00
Meals on Wheels of Lamoille County Mornsville, VT	No relationship Exempt	General Operating Support	7,000 00
Open Door Clinic Middlebury, VT	No relationship Exempt	General Operating Support	7,500 00

Richard E. and Deborah L. Tarrant Foundation Charitable Contributions January 1, 2010 - December 31, 2010 Form 990PF, Part XV - Grants and Contributions 03-0364509	Relationship to substantial contributor and		
Recipient name and address	Foundation status of recipient	Purpose of grant or contribution	Amount
Partners in Adventure Charlotte, VT	No relationship Exempt	General Operating Support	5,000.00
Pathways to Housing in Vermont Burlington, VT	No relationship Exempt	General Operating Support	10,000 00
Aware Hardwick, VT	No relationship Exempt	General Operating Support	5,000 00
Lund Family Center Burlington, VT	No relationship Exempt	Adoption Program	8,000 00
Northeast Kingdom Youth Services Newport, VT	No relationship Exempt	Teen Homeless Sheller	12,000 00
Vermont Center for Independent Living Winooski, VT	No relationship Exempt	General Operating Support	5,000 00
Benedictine Mission House Holyoke, MA	No relationship Exempt	St Anna's Orphanage	2,000 00
St Michael's College Colchester, VT	No relationship Exempt	Annual Fund	20,000 00

\$ 1,211,387 00

Grand Total

ATTACHMENT 15

ATTACHMENT 15

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AND	
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RICHARD	

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

DESCRIPTION	BUSINESS	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
INCOME/LOSS FROM PASS-THROUGH ENTITY FEDERAL TAX REFUND			01 01	11,405. 13,706.	
TOTALS			1 13	25,111.	

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name of estate or trust

FOUNDATION, INC.

RICHARD E. AND DEBORAH L. TARRANT

03-0364509

Employer identification number

b Enter the short-term gain or (loss), from Forms 4684, 6252, 6781, and 8824. Net short-term gain or (loss) from partnerships. S corporations, and other estates or trusts. 3 157, 58 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet . (a) Date profit of the long-term gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss), if any, from Schedule D-1, line 6b. Capital gain distributions . Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet . Net short-term gain or (loss), combine lines 6a through 11 in column (f) Enter here and on line 14a,	Short-Term Capital Gains and L	1			(-) (-) (-)	1	(f) Gain or (loss) for
b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Not short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 157, 58 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet Not short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back 1 157, 58 1 57, 58	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price			
Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 157,58 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back 1 157,58	1						
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Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 157,58 Short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 (Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 157,58 Short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 1 157,58 1 157							
Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							
Short-term capital gain or (loss) from partnerships, S corporations, and other estates or trusts 3 157,58 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back 1 157,58							
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Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 157,58 Short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 15 157,58 157,					_ <u></u>		
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Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 157, 58	Short-term capital gain or (loss)-from Fo	rms 46846252.	6781, and 882	4		,	
Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 157,58	oner term capital gain or (1000)-from 1 of	1110 4004, 0202,	0707, 4114 002	······································		_	
Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 5 157,58 16,03 16,03						3	157,58
Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. 157,58 1	· · · · · · · · · · · · · · · · · · ·			•		,	(
Column (3) on the back Long-Term Capital Gains and Losses - Assets Held More Than One Year (Example 100 shares 7% preferred of "2" Co) (b) Date acquired (mo. day, yr) (c) Date sold (mo. day, yr) (d) Sales pnce (e) Cost or other basis (see instructions): (see instructions): (see instructions): (b) Date acquired (mo. day, yr) (d) Sales pnce (e) Cost or other basis (see instructions): (see instructions): (see instructions): (b) Date acquired (mo. day, yr) (d) Sales pnce (e) Cost or other basis (see instructions): (se	Net short-term gain or (loss). Combine li	nes 1a through 4	in column (f)	Enter here and on lir	ne 13,	-	
(a) Description of property (Example 100 shares 7% preferred of "2" Co) (b) Date acquired (mo , day, yr) (c) Date sold (mo , day, yr) (d) Sales price (e) Cost or other basis (see instructions) (f) Gain or (loss) from example 100 shares 7% preferred of "2" Co) (g) Date acquired (mo , day, yr) (h) Date acquired (mo , day, yr) (d) Sales price (e) Cost or other basis (fine the length example 100 shares 7% preferred of "2" Co) (f) Gain or (loss) from example 100 shares 7% preferred of "2" Co) (f) Gain or (loss) from example 100 shares 7% preferred of "2" Co) (g) Date sold (mo , day, yr) (g) Call example 100 shares 7% preferred of "2" Co) (g) Call example 100 shares 7% pref	column (3) on the back	<u>, ,</u>				5	157,58
(Example 100 shares 7% preferred of 72" Co.) b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,				ne Year	1 (1) (2) (1)		(f) Gain or (loss) fo
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts Capital gain distributions Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,	(Example 100 shares 7% preferred of "Z" Co)			(d) Sales price			the entire year Subtract (e) from (c
Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 -531, 26 Capital gain distributions 9 Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,	a						
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Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 -531, 26 Capital gain distributions 9 Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,			-				
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Capital gain distributions 9 Gain from Form 4797, Part I 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet 11 (Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,		mo 2 100, 4004,	0202, 0701, 01	10 0024			
Gain from Form 4797, Part I Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,	Net long-term gain or (loss) from partner	ships, S corporat	ions, and other	estates or trusts		8	-531,26
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Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,	Gain from Form 4797, Part I					10	
Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,	· · · · · · · · · · · · · · · · · · ·	•	•	•		44	(
	Net long-term gain or (loss). Combine lin	es 6a through 11	in column (f)	Enter here and on lin		17	<u> </u>
		•				12	-531,26

Sche	dule D (Form 1041) 2010						Page 2
Pa	t III Summary of Parts I and II		(1) Ben	eficiaries'	(2) Es	tate's	(2) Total
	Caution: Read the instructions before completing this	part.	(see	: instr.)	or tru	ust's	(3) Total
13	Net short-term gain or (loss)	13					157,580.
14	Net long-term gain or (loss):						
а	Total for year	14a					-531,268.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	$\overline{}$					
С	28% rate gain	f			_		
		15					-373,688.
to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Foint V, and do not complete Part IV If line 15, column (3), is a net loss, complete P	rm 990- Part IV a	T, Part I, I and the Caj	ne 4a) If line pital Loss Car	s 14a and 1 ryover Worl	15, colu k sheet,	umn (2), are net gains, go as necessary
Pa	t IV Capital Loss Limitation						, , , , , , , , , , , , , , , , , , ,
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F						
a	The loss on line 15, column (3) or b \$3,000 :: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag	::::				16	(3,000)
Carry	over Worksheet on page 7 of the instructions to figure your capital loss carryove	e 1, IIN r	e 22 (or F	orm 990-1, III	ne 34), is a	ioss, c	complete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rate						
Forr	n 1041 filers. Complete this part only if both lines 14a and 15 in colu	ımn (2) are gair	s, or an am	nount is er	ntered	in Part I or Part II and
ther	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is moi	re thar	zero				
	tion: Skip this part and complete the worksheet on page 8 of the instruc	ctions	ıf:				
	ither line 14b, col (2) or line 14c, col (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.						
	n 990-T trusts. Complete this part only if both lines 14a and 15 ar	a dain	e or aus	lified divide	ande are u	naluda	ad in income in Bort I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	rt and	complete	e the works	sheet on r	nage 8	of the instructions if
	er line 14b, col (2) or line 14c, col (2) is more than zero					9	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	17			Γ	=
18	Enter the smaller of line 14a or 15 in column (2)					1	
	but not less than zero		1				
19	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) . 19						
20	Add lines 18 and 19						
21	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g, otherwise, enter -0 ▶ 21						
22	Subtract line 21 from line 20 If zero or less, enter -0		22]	
23	Subtract line 22 from line 17 If zero or less, enter -0		23				
	Enter the smaller of the amount on line 17 or \$2,300		. 24		-		
25	Is the amount on line 23 equal to or more than the amount on line 24						
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box		_				
26	No. Enter the amount from line 23.					-	
26 27	Subtract line 25 from line 24	• • • •	26			-	
21	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or li	22	27				
	1 CS. Skip lines 27 thru 30, go to line 31	ne 22	21			1	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28				
20	Subtract line 20 from line 27		_				
29	Subtract line 28 from line 27						
30	Multiply line 29 by 15% (15)		odulo fo		d Tarrets	30	
31	(see the Schedule Ginstructions in the instructions for Form 1041).					24	
	(300 the Ochedule Omstructions in the instructions for Form 1041).	• • • •				31	
32	Add lines 30 and 31					32	
33	Add lines 30 and 31	e Sch	edule for		d Truste	32	
	(see the Schedule Ginstructions in the instructions for Form 1041).					33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33	here a	nd on Fo	rm 1041, S	Schedule	-33	

Form 4720

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service (Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967)

. _____ ► See separate Instructions.

For cale	ndar year 2010 or other tax year beginnin	g	,2010, and ending		,20		
Name of	organization or entity			Emp	oloyer identification n	umber	
RICH	ARD E. AND DEBORAH L.	TARRANT		0.3	3-0364509		
Number	street, and room or suite no (or P O bo	x if mail is not delivered to street address)		Che	ck box for type of annu	ual retui	n
P.O.	BOX 521				Form 990	Form 9	990-EZ
City or to	own, state, and ZIP code			X	Form 990-PF		
WINO	OSKI	VT 05404			Form 5227		
					1 0111 0227	Yes	No
A Is	the organization a foreign priva	ate foundation within the meaning	g of section 4948(b)?			1.00	X
			sulted in Chapter 42 taxes being				
						N/A	
If.	"Vos " attach a datallad dasar	ntion and documentation of the	corrective action taken and, if		lachla onter the		
	alue of any property recovered a						
	* * * *	explanation (see page 4 of the ins	etructions)	·	ii No, (re, any	unco	rected
				4040	1/-> 4044/->/4>	40.45	(=\/4\
Part I		d 4066(a)(4))	?), 4911(a), 4912(a), 4942(a), 4	4943	s(a), 4944(a)(1),	4945	(a)(1),
	4955(a)(1), 4965(a)(1), ar			Ι.			
1 T	ax on undistributed income - Sc	nedule B, line 4		1			
2 T	ax on excess business holdings	- Schedule C, line 7		2			
			D, Part I, column (e)				
- 4 -⊤	ax on taxable expenditures - Scl	nedule E,-Part-I, column-(g) —		_4			
5 T	ax on political expenditures - Sc	hedule F, Part I, column (e)		5			
	ax on excess lobbying expenditi		-				
	ax on disqualifying lobbying exp						
	ax on premiums paid on person	8	<u> </u>				
		d tax shelter transactions - Scheo		9			
		edule K, Part I, column (f)		10			
		ist's unrelated business taxable		11			
<u>12</u> T	otal (add lines 1-11)	<u> </u>	<u> </u>	12			
Part			ons, Donors, Donor Advisors			ons	
	(Sections 4912(b), 4941(a),		4958(a), 4965(a)(2), 4966(a)(2), and	4967	(a))		
	(a)	Name and address of person subject to ta	ax	(1	b) Taxpayer identificat	ion nun	nber
<u>a</u>				<u> </u>			
<u>b</u>				ļ <u>.</u>			
<u>c</u>							
<u>d</u>							
	(c) Tax on self-dealing - Schedule A, Part II, col (d), and Part III, col (d)	(d) Tax on investments that jeopardize chantable purpose - Schedule D, Part II, col (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col (d)		(f) Tax on political exp Schedule F, Part II,		
		(0)		 			
<u>a</u>				 			
<u></u>				$\vdash -$			
d							
Total				 			
10(41	- · · · · · · · · · · · · · · · · · · ·	(h) Tax on excess benefit	(i) Tax on being a party to prohibited	╁			
	(g) Tax on disqualifying lobbying expenditures - Schedule H, Part II, col (d)	transactions - Schedule I, Part II, col (d), and Part III, col (d)	tax shelter transactions - Schedule J, Part II, col (d)	İ	(j) Tax on taxable dist Schedule K, Part II,	nbution col (d)	s-
		(d), and Part III, cor (d)	Fait II, cor (d)	 			
<u>a</u>							
<u>b</u>	 			<u> </u>		-	
<u>c</u>							
<u>d</u>							
<u>Total</u>				-			
	(k) Tax on prohibited benefits - Sch L, Part II, col (d), and Part III, col (d)				(I) Total - Add cols (c)	through	ı (k)
<u>a</u>							
b							
<u>c</u>							
d							
Total							
				_			

₿orm 4720 (2010)								Page 3
	SCHEDU	LE C - Initial Tax on	Exce	ss Bus	iness Hol	dings	s (Section 494	3)
	ings and Compu		_					
		s in more than one busi item before making any			, attach a s	eparat	e schedule for ea	ach enterprise Refer to the
	of business enterpris							
550 COCHITU	NOLOGY SYSTE	IMS INC		FD	አ ለተነ ሮሀአነ	и м <i>т</i>	A 01701	
550 COCHITO	ALE KOAD			E K	AMINGHAN	1, 111	3 01701	
Employer identifi	cation number	·····	<u> </u>		<u></u>		▶04-34	181807
Form of enterpris	se (corporation, pa	artnership, trust, joint ve	nture,	sole prop		lc)		
				(profits	(a) ng stock s interest or cial interest)		(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation I	noldings in busines	ss enterprise	1		2.6200 9	%	2.6200 %	
2 Permitted ho	oldings in business	enterprise	2	2	1.9600	%	21.9600 %	
3 Value of exc	ess holdings in bu	siness enterprise	3			1		
		sposed-of within -90-	-					
•		excess holdings not						
=		x (attach explanation)	4					
		business enterprise -						
line 3 minus	line 4		5			<u> </u>		
6 Tax - Enter	10% of line 5		6	 		-		
		ine 6, columns (a), (b), page 1, Part I, line 2	7					
		on Investments Th		opardiz	o Charita	bla P	urnosa (Sactio	n 1911)
	tments and Tax		at Je	oparuiz	e Chanta	DIE L	ui pose (Section	011 4344)
are.							(e) Initial tax on	(f) Initial tax on foundation
(a) Investment number	(b) Date of investment	(c) Description of in	rvestme	nt	(d) Amou investme		foundation (10% of col (d))	managers (if applicable) - (lesser of \$10,000 or 10% of col (d))
<u> 1</u> 2							ļ	
3								
								
5								
) Enter here and	on page 1, Part I, line 3.	_	_		-		
		rorated amount) here an						
		bility of Foundation M						
	es of foundation mana		(b) Inv	estment m Part I, I (a)			col (f), or prorated	(d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions)
		<u> </u>						
							 -	
		-						
		Ļ						

		SCHEDULE E		s on Taxable E	xpend	litures (Se	ection 4945)	
Part I	Expenditures a	nd Computation	of Tax	·		 1		
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) N	ame and address of	f recipient		(e) Description	on of expenditure and purposes for which made
1								
2								
3						·		
4			 		- -			
	tion number from Form 9	90-PF. Part VII-B. or	(a) in	itial tax imposed on	foundation	n		al tax imposed on foundation
	227, Part VI-B, applicab		(3)	(20% of col (b)			manag \$1	ers (if applicable) - (lesser of 0,000 or 5% of col (b))
			 					
			 					
Total - co	olumn (g) Enter he	ere and on		-	_			
	Part I, line 4							
Total - co	olumn (h). Enter to	tal (or prorated an	nount) here an	d in Part II, colur	nn (c),	**		
below .	<u></u>	ax Liability of Fo	<u></u>	<u> </u>	<u></u>]	_	
Part II	Summary of T	ax Liability of Fo	undation Ma	nagers and Pi	roratio	n of Paym	<u>ents</u>	
	(a) Names of found	ation managers liable fo	r tax	(b) Item no from Part I, col (a)	(c)	Tax from Par	t I, col (h), or	(d) Manager's total tax liability (add amounts in col. (c))
						prorated a		_(see page 10 of the instructions)
				h				· -
				-				
							_	
				h				
								
		SCHEDULE F	- Initial Taxe	s on Political	Expend	ditures (S	ection 4955)	
Part I	Expenditures a	and Computation					99	
(a) Item	(b) Amount	(c) Date paid or incurred	(d) Description	on of political expend	liture	organizati	tax imposed on	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col. (b))
1						(10%	of col (b))	01 \$5,000 or 2 1/2% of col (b))
2			† -					
3								
4			ļ_ _					
5						-		<u> </u>
Total - co	olumn (e) Enter he	ere and on page 1,	Part I, line 5		<u></u>			
Total of	olumn (f) Enter to	al (or proreted am	acunt) boro on	dus Dort II. solum	nn (a) h	olow		
							ners and Pro	ration of Payments
I art ii		ganization managers or		(b) Item no from				(d) Manager's total tax liability
		anagers liable for tax		Part I, col (a)) Tax from Pa prorated a		(add amounts in col (c)) (see page 11 of the instructions)
								
								·-
				<u> </u>				· -
								
JSA 0X1043 1 00	00							Form 4720 (2010)

Form 4720 (2010)						Page 5
•	SC	CHEDULE G -	Tax on Exce	ss Lobbying Ex	xper	nditures (Section 491	11)
990	or 990-EZ), Part II	-A, column (b), lın	ie 1h) (See pa	ige 11 of the instru	ction	rom Schedule C (Form s before making entry).	1
				taxable amount (for of the instructions		Schedule C (Form 990 pre making entry)	2
3 Taxa	ble lobbying expe	enditures - enter t	he larger of lır	ne 1 or line 2			3
4 Tax -	Enter 25% of line	e 3 here and on p	age 1, Part I, I	ine 6	<u></u>	<u></u>	4
	SCHE	DULE H - Taxe	s on Disqua	alifying Lobbyir	ng E	xpenditures (Section	4912)
Part I	Expenditures	and Computation	on of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description	on of lobbying expenditur	res 	(e) Tax imposed on organization (5% of col (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1 2							
3							<u>,, </u>
4							
5		L					
-	umn (e) Enter he				<u></u>		
Part II				nd in Part II, column Managers and Pr			<u> </u>
Part II		ation managers liable f		(b) Item no from Part I, col (a)) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see page 11 of the instructions)
							(see page 11 of the instructions)
							_
		·····					
							_
					t Tra	ansactions (Section 4	4958)
Part I		t Transactions	and Tax Con	nputation		1	
Transaction number	(b) Date of transaction			(c) Desc	ription	of transaction	
3							
4							
5	<u> </u>				_		
	(d) Amount of exces	s benefit	(e) In	itial tax on disqualified pe (25% of col. (d))	ersons	(if ag	n organization managers pplicable) (lesser of 00 or 10% of col. (d))
			 				
		· · · · · · · · · · · · · · · · · · ·	 			-	

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (29) Organization Managers and Proration (a) Names of disqualified persons liable for tax (b) Tais in oith Part I, col (e), To prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount (d) Manage (add amount or prorated amount or prorated amount or prorated amount (e) Tax from Part I, col (f), (d) Manage (add amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or prorated amount or provided amount o	ed person's total tax nounts in col. (c)) (see f the instructions)
Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (29) Organization Managers and Proration (a) Names of disqualified persons liable for tax (b) Tais in office or prorated amount or prorated amount or prorated amount or provided amou	nounts in col (c)) (see
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), or prograted amount (add amount) (add amount)	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), or prograted amount (add amount) (add amount)	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), or prograted amount (add amount) (add amount)	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), (a) Anager I and I are I ar	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), (a) Anager I and I are I ar	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), or prograted amount (add amount) (add amount)	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), or prograted amount (add amount) (add amount)	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), (a) Anager I and I are I ar	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), (a) Anager I and I are I ar	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), (a) Manage or prograted amount (add amount)	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), (a) Manage or prograted amount (add amount)	
(a) Names of 501(c)(3), (c)(4) & (29) organization managers liable for tax (b) Trans no from Part I, col (f), (a) Manage or prograted amount (add amount)	of Payments
(a) Names of 301(c)(3), (c)(4) & (23) organization managers habite for tax Part L col. (a) Or proceed amount (and amount)	er's total tax liability
L	ounts in col (c)) 13 of the instructions)
[
	
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SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 49	65)
Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see page 13 of the instructions)	
(c) Type of transaction	
(a) (b) Transaction 1 - Listed	
number date 3 - Confidential	
4 - Contractual protection	
1	
2	
3	
4	
5	
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the trans ? Answer Yes or No (f) Net income attributable to the PTST (g) 75% of proceeds attributable to the PTST (h) Tax imposed of entity (see page 14)	
	<u> </u>
Total - column (h). Enter here and on page 1, Part I, line 9	

Form 4720 (20	010)			_				Page 7
Part II	Tax Imp	osed on Entity Managers (S	ection 496	35) Co	ntin	ued		
	(a) 1	Name of entity manager	numbe	nsaction er from col (a)		(c) Tax - enter \$20,0 transaction listed in co manager in co	ol (b) for each	(d) Manager's total tax liability (add amounts in col. (c))
			_	-	+			
]			
								
					 - -			
					 			
	SCH	EDULE K - Taxes on Taxable	- Distribut	ions (of Si	oonsoring Organ	nizations Mair	ntaining Donor
D 24/1		Advised Funds (S	Section 49	66)	See	page 14 of the in	nstructions.	
	laxable							
(a) Item number		(b) Name of sponsoring organize donor advised fund		(c) Description of		f distribution		
1								
2								
3								
4								
(d) Date of d	listribution	(e) Amount of distribution		organiz		ax imposed on nization (20% of col (e))		Tax on fund managers ser of 5% of col. (e) or \$10,000)
		nter here and on page 1, Part I, I						
		nter total (or prorated amount) ry of Tax Liability of Fund Ma						
Parti	Summa	y Or Tax Liability Of Fulld Mi	anayers a	ilu Fit	ומוכ	on or Fayinents		
	(a) Name o	f fund managers liable for tax	(b) Item no Part I co		(c) Tax from Part I, col (amount	g) or prorated	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				·	- - -			
								

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See page 14 of the instructions.

Part I P	rohibited Benefits ar	nd Tax Computat	ion	
(a) Item number	(b) Date of prohibited benefit	_	(c) D	Description of benefit
1		-		
2				
3				
4				
5				
(d) Amoun	t of prohibited benefit		ted benefit (125% of col (d)) e instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)
Part II S	ummary of Tax Liabi	lity of Donors, D	onor Advisors, Related	Persons and Proration of Payments
	of donors, donor advisor, or d persons liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)
<u></u>				
Part III T	ax Liability of Fund	Managers and Pr	oration of Payments	
	f fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)
	 		<u> </u>	<u> </u>

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person Date		Under penalties of perjury, I declare that I have examined this return, including ac knowledge and belief it is true, correct, and complete Declaration of preparer (other tany knowledge	companying schedules and state than taxpayer) is based on all inf	ements, and to the best of my formation of which preparer has
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Sign Here Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date		Rule Cha	Treasur	
Sign Here Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Date		Signature of officer or trustee	Title	Date
Sign Here Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Date				
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person Date			lified person, donor, donor	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date Date	•			
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person			lified person, donor, donor	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person				
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person				Dut-
advisor, or related person			litied person, donor, donor	Date
advisor, or related person				
			lified person, donor, donor	Date
Paid CATHY H. ATTIG CATHY H. ATTIG P00641183		Print/Type preparer's name CATHY H. ATTIG	(1/4/// self	-employed P00641183
Preparer Firm's name DANAHER ATTIG & PLANTE PLC Firm's EIN 20-3682035	-			20-3682035
Use Only Firm's address ► 150 KENNEDY DR, PO BOX 2166 Phone no SOUTH BURLINGTON, VT 05407-2166 802-383-0399	use Unly	I · · · · · · · · · · · · · · · · · · ·	Phone no	802-383-0399

Form **8868**

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	ternal Revenue Service File a separate application for each return.										
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											
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for											
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 3868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information											
Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see											
nstructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits											
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											
		including 1120-C filers), partnershi	ns. REMIC	s, and trusts must use Form 7004 to	request a		of time				
o file income	•	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			in oxionoron	0				
Type or		xempt organization RICHARD E.	AND DEB	ORAH L. TARRANT	Employe	er identification	n number				
print	DOMINATION THE				03-0364509						
		treet, and room or suite no. If a P.O. box	, see instruc	ctions							
le by the due date for	P.O. BOX 521										
filing your		or post office, state, and ZIP code For	a foreign add	dress, see instructions							
return See Instructions	WINOOS	KI, VT 05404									
Enter the Re	turn code	for the return that this application i	s for (file a	separate application for each return)		0 4				
					<i>,</i>		•				
Application			Return	Application			Return				
ls For			Code	Is For			Code				
Form 990			01	Form 990-T (corporation)			07				
Form 990-BL			02	Form 1041-A			08				
Form 990-E2			03	Form 4720			09				
Form 990-PF			04	Form 5227			10				
Form 990-T (sec 401(a) or 408(a) trust)			05	Form 6069			11				
Form 990-T (trust other than above)			06	Form 8870			12				
Total cool (fact only fac											
The books are in the care of ► RON_ROBERTS											
,,,,,											
Telephone	e No ▶	603 471-9909	1	FAX No ▶							
•		oes not have an office or place of l	— ousiness ir	the United States, check this box .			▶				
		Return, enter the organization's for					this is				
for the whole group, check this box											
a list with the names and EINs of all members the extension is for											
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time											
until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is											
for the organization's return for											
► X calendar year 20 10 or											
▶ □	tax year b	eginning	, 20	, and ending		, 20					
	•										
2 If the t	ax year en	tered in line 1 is for less than 12 m	onths, che	ck reason Initial return	Final ret	urn					
	-	accounting period									
	Ū	5 ,									
3a If this	applicatio	n is for Form 990-BL, 990-PF, 99	0-T, 4720	o, or 6069, enter the tentative tax	k, less ai	ny	12 0/-				
		edits See instructions				3a \$	12840				
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and											
nonrefundable credits See instructions 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.											
	Palamas Dura Cubtract line 2h from line 2n Include your navment with this form of required his your ECDC										
(Electronic Federal Tax Payment System) See instructions											
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											

For Paperwork Reduction Act Notice, see Instructions.

DANAHER ATTIG & PLANTE PLC 1-2011) PO BOX 2166 PAGE 1

Form 8868 (Rev 1-2011)				Page 2					
	re filing for an Additional (Not Automatic) 3-Mo									
	y complete Part II if you have already been gra			viously filed Form 8868	3					
	re filing for an Automatic 3-Month Extension, o									
Part II	Additional (Not Automatic) 3-Month Ex									
Type or	Name of exempt organization RICHARD E.	AND DEBORAH L. TARRANT		Employer identification number						
print	FOUNDATION, INC.			03-0364509						
File by the	Number, street, and room or suite no. If a P O. bo									
extended due date for	P.O. BOX 521									
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINOOSKI, VT 05404									
instructions										
Enter the	Return code for the return that this application	is for (file a	a separate application for each return	n)	. 04					
Application	on	Return	Application		Return					
ls For		Code	Is For		Code					
Form 990)	01	The state of the s	过度的情况 法宣	1 . 2 . 4					
Form 990	-BL	02	Form 1041-A		08					
Form 990-	-EZ	03	Form 4720		09					
Form 990-	-PF	04	Form 5227		10					
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11					
	-T (trust other than above)	06	Form 8870		12					
	not complete Part II if you were not already	granted a	n automatic 3-month extension on	a previously filed For	m 8868.					
• The bo	oks-are in the care of -▶-RON-ROBERTS—									
	one No ▶ 603 471-9909		FAX No ▶							
If the o	rganization does not have an office or place of	business it	n the United States, check this box		▶∟					
If this is	s for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GEN)	If ti	nıs is					
	nole group, check this box ▶ 🔃 . I		art of the group, check this box	▶ and at	tach a					
	e names and EINs of all members the extension									
	juest an additional 3-month extension of time u		<u>11/15</u> , 20 <u>11</u> .							
	calendar year $ \underline{2010}$, or other tax year beginn		, 20 , and ending ,							
6 If the	6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return									
_	Change in accounting period									
TNE	INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.									
										
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
	onrefundable credits. See instructions. 8a \$ /3846									
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									
	ount paid previously with Form 8868.			8b \$						
	c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions									
(Ele	ctronic Federal Tax Payment System) See instru		131 -01 - 47	8c \$	70010					
	Sigi Ities of perjury, I declare that I have examined this form, rect, and complete, and that I am authonzed to prepare this fo	including ac	nd Verification companying schedules and statements, and	to the best of my knowle	dge and belie					
Signature >	Cather CA		Title Agent	Data > 7/1	5/11					

DANAHER ATTIG & PLANTE PLC PO BOX 2166 **SOUTH BURLINGTON, VT 05407**

Form 8868 (Rev 1-2011)