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

OMB No 1545-0052

2010

Department of the Treasury
Internal Revenue Service

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

For calendar year 2010, or tax year beginning Dec 1, 2010, and ending Nov 30, 2011

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

Name of foundation JAMES E. ROBISON FOUNDATION INC.		A Employer identification number 13-6075171
Number and street (or P.O. box number if mail is not delivered to street address) 17 GREENBRIAR CIRCLE		B Telephone number (see the instructions) (914) 273-3121
City or town ARMONK	State ZIP code NY 10504	C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 2,254,517.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc. received (att sch)	0.			
	2 Cl <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	391.	391.	391.	
	4 Dividends and interest from securities	41,067.	41,067.	41,067.	
	5a Gross rents	0.	0.	0.	
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10	12,746.			
	b Gross sales price for all assets on line 6a	250,590.			
	7 Capital gain net income (from Part IV, line 3)		12,746.		
	8 Net short-term capital gain			12,746.	
	9 Income modifications			0.	
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)			0.		
11 Other income (attach schedule) See Line 11 Stmt	0.	0.	0.		
12 Total. Add lines 1 through 11	54,204.	54,204.	54,204.		
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages	0.	0.	0.	0.
	15 Pension plans, employee benefits	0.	0.	0.	0.
	16a Legal fees (attach schedule)	0.	0.	0.	0.
	b Accounting fees (attach sch) L-16b Stmt	18,500.	9,500.	9,500.	9,000.
	c Other prof fees (attach sch) L-16c Stmt	13,890.	13,890.	13,890.	0.
	17 Interest	0.	0.	0.	0.
	18 Taxes (attach schedule) (see instr) See Line 18 Stmt	4,103.	0.	0.	0.
	19 Depreciation (attach sch) and depletion	0.	0.	0.	0.
	20 Occupancy	0.	0.	0.	0.
	21 Travel, conferences, and meetings	0.	0.	0.	0.
	22 Printing and publications	0.	0.	0.	0.
	23 Other expenses (attach schedule) See Line 23 Stmt	715.	41.	41.	674.
	24 Total operating and administrative expenses. Add lines 13 through 23	37,208.	23,431.	23,431.	9,674.
	25 Contributions, gifts, grants paid L-3a Stmt	155,100.			151,500.
26 Total expenses and disbursements. Add lines 24 and 25	192,308.	23,431.	23,431.	161,174.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-138,104.				
b Net investment income (if negative, enter -0-)		30,773.			
c Adjusted net income (if negative, enter -0-)			30,773.		

Part II Balance Sheets		Beginning of year (a) Book Value	End of year	
			(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing	1,598.	74.	74.
	2 Savings and temporary cash investments	951,482.	381,451.	381,451.
	3 Accounts receivable			
	Less allowance for doubtful accounts			
	4 Pledges receivable			
	Less allowance for doubtful accounts			
	5 Grants receivable		0.	0.
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)		0.	0.
	7 Other notes and loans receivable (attach sch)			
	Less allowance for doubtful accounts	0.	0.	0.
	8 Inventories for sale or use	0.	0.	0.
	9 Prepaid expenses and deferred charges	0.	0.	0.
	10a Investments — U S and state government obligations (attach schedule)	0.	0.	0.
	b Investments — corporate stock (attach schedule) L-10b Stmt	769,707.	1,052,319.	1,107,561.
	c Investments — corporate bonds (attach schedule) L-10c Stmt	612,810.	763,651.	765,431.
	11 Investments — land, buildings, and equipment basis			
LIABILITIES	Less accumulated depreciation (attach schedule)			
	12 Investments — mortgage loans			
	13 Investments — other (attach schedule)			
	14 Land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)			
	15 Other assets (describe)			
	16 Total assets (to be completed by all filers — see instructions Also, see page 1, item i)	2,335,597.	2,197,495.	2,254,517.
	17 Accounts payable and accrued expenses	0.	0.	
	18 Grants payable	0.	0.	
	19 Deferred revenue	0.	0.	
FUNDS	20 Loans from officers, directors, trustees, & other disqualified persons	0.	0.	
	21 Mortgages and other notes payable (attach schedule)	0.	0.	
	22 Other liabilities (describe)	0.	0.	
	23 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
NET ASSETS OR FUND BALANCES	28 Paid-in or capital surplus, or land, building, and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	2,335,597.	2,197,495.	
	30 Total net assets or fund balances (see the instructions)	2,335,597.	2,197,495.	
	31 Total liabilities and net assets/fund balances (see the instructions)	2,335,597.	2,197,495.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,335,597.
2	Enter amount from Part I, line 27a	2	-138,104.
3	Other increases not included in line 2 (itemize) <u>ROUNDING</u>	3	2.
4	Add lines 1, 2, and 3	4	2,197,495.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	2,197,495.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 1,300 SHARES EURONEXT	P	Various	Various
b 100,000 FEDERAL HOME LOAN BANKSHARES	P	12/09/10	07/29/11
c 100,000 FEDERAL HOME LOAN BANKSHARES	P	12/09/10	06/17/11
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 50,590.		38,094.	12,496.
b 100,000.		100,000.	0.
c 100,000.		99,750.	250.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a 0.	0.	0.	12,496.
b			0.
c			250.
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	12,746.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 </div>	3	

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

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

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

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

☐ Yes☐ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2009	178,899.	2,322,941.	0.077014
2008	99,572.	2,151,411.	0.046282
2007	175,624.	2,838,145.	0.061880
2006	115,000.	3,275,966.	0.035104
2005	109,397.	2,985,718.	0.036640

2 Total of line 1, column (d)	2	0.256920
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.051384
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	2,287,909.
5 Multiply line 4 by line 3	5	117,562.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	308.
7 Add lines 5 and 6	7	117,870.
8 Enter qualifying distributions from Part XII, line 4	8	161,174.

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

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Form 990-PF (2010)

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1			
Date of ruling or determination letter <u>10/20/70</u> (attach copy of letter if necessary – see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	308.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0.
3 Add lines 1 and 2		3	308.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	308.
6 Credits/Payments			
a 2010 estimated tax pmts and 2009 overpayment credited to 2010	6a	6,000.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7	6,000.	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	5,692.	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax <u>2,000.</u> Refunded	11	3,692.	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		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		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <u>\$</u> (2) On foundation managers <u>\$</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <u>\$</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) See States Registered In		
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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

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Form 990-PF (2010)

Part VII-A Statements Regarding Activities (Continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>DORIS D. STANLEY</u> Telephone no <u>(914) 273-3121</u> Located at <u>17 GREENBRIAR CIRCLE</u> <u>ARMONK</u> <u>NY</u> ZIP + 4 <u>10504-1353</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country			X

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

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 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))		
a 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 <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 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 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)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

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Form 990-PF (2010)

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

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

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

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

6b

If 'Yes' to 6b, file Form 8870

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARTHA ANN DAVIES 976 SHAW HILL ROAD STOWE VT 05672	PRESIDENT 2.00	0.	0.	0.
ANNABEL DAVIES MOYNAHAN 2553 GREGG HILL ROAD WATERBURY CENTER VT 05677	VICE PRESIDENT 0.00	0.	0.	0.
DORIS STANLEY 17 GREENBRIAR CIRCLE ARMONK NY 10504	SECRETARY/TREASURER/MAN 20.00	18,500.	0.	0.
See Information about Officers, Directors, Trustees, Etc		0.	0.	0.

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

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

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

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

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

Total number of others receiving over \$50,000 for professional services None

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	N/A

BAA Form 990-PF (2010)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	1,899,695.
b	Average of monthly cash balances	1b	423,055.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,322,750.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,322,750.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	34,841.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,287,909.
6	Minimum investment return. Enter 5% of line 5	6	114,395.

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

1	Minimum investment return from Part X, line 6	1	114,395.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	308.
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	308.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	114,087.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	114,087.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	114,087.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	161,174.
b	Program-related investments — total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	161,174.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	308.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	160,866.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				114,087.
2 Undistributed income, if any, as of the end of 2010.				
a Enter amount for 2009 only			0.	
b Total for prior years 20 07, 20 08, 20 09		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005	0.			
b From 2006	28,888.			
c From 2007	140,397.			
d From 2008	106,076.			
e From 2009	115,893.			
f Total of lines 3a through e	391,254.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 161,174.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	161,174.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	114,087.			114,087.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	438,341.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	438,341.			
10 Analysis of line 9				
a Excess from 2006	0.			
b Excess from 2007	55,198.			
c Excess from 2008	106,076.			
d Excess from 2009	115,893.			
e Excess from 2010	161,174.			

BAA

Form 990-PF (2010)

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

N/A

- | | | | | | |
|---|----------|---------------|----------|----------|-----------|
| 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶ | | | | | |
| b Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5) | | | | | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year | Prior 3 years | | | (e) Total |
| | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities
Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a 'Assets' alternative test — enter | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test — enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:

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

N/A

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

N/A

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

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

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

N/A

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

N/A

- c Any submission deadlines

N/A

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

N/A

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
DANCE THEATRE WORKSHOP 219 WEST 19TH STREET NEW YORK NY 10011		501C3	GENERAL	2,000.
CUNNINGHAM DANCE FOUNDATION 55 BETHUNE STREET NEW YORK NY 10014		501C3	GENERAL	28,500.
HALEAKALA INC. 512 WEST 19TH STREET NEW YORK NY 10011		501C3	GENERAL	15,000.
ABBOTT HOUSE 100 NORTH BROADWAY IRVINGTON NY 10533		501C3	GENERAL	8,000.
VERMONT SYMPHONY ORCHESTRA 2 CHURCH STREET - SUITE 19 BURLINGTON VT 05401		501C3	GENERAL	7,500.
THE FENN SCHOOL 516 MONUMENT STREET CONCORD MA 01742		501C3	GENERAL	500.
NASHOBA BROOKS SCHOOL 200 STRAWBERY HILL ROAD CONCORD MA 01742		501C3	GENERAL	500.
THE FRESH AIR FUND 633 THIRD AVENUE NEW YORK NY 10017		501C3	GENERAL	500.
HELEN DAY ART CENTER 90 POND STREET STOWE VT 05672		501C3	GENERAL	1,500.
See Line 3a statement				91,100.
Total			3a	155,100.
b Approved for future payment				
				0.
Total			3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	391.	
4	Dividends and interest from securities			14	41,067.	
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income			18	12,746.	
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				54,204.	
13	Total. Add line 12, columns (b), (d), and (e)					54,204.

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Form 990-PF, Page 1, Part I, Line 11

Line 11 Stmt

Other income.	Rev/Exp Book	Net Inv Inc	Adj Net Inc
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
Total	0.	0.	0.

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
FEDERAL EXCISE TAXES	4,000.	0.	0.	0.
FOREIGN TAXES PAID	232.	0.	0.	0.
FOREIGN TAX REFUND	-129.	0.	0.	0.
			0.	0.
Total	4,103.	0.	0.	0.

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
LEGAL ADVERTISING	39.	0.	0.	39.
SECURITIES DEPOSIT FEES	41.	41.	41.	0.
FILING FEES	595.	0.	0.	595.
IRS FEE	40.	0.	0.	40.
Amortization	0.	0.	0.	0.
Total	715.	41.	41.	674.

Form 990-PF, Page 4, Part VII-A, Line 8a

States Registered In

NY - New York

DE - Delaware

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> APRIL DAVIES TAYLOR 45 HIGH BIRCHES WATERBURY VT 05676	ASSISTANT SECRETARY	0.00	0.	0.

Form 990-PF, Page 6, Part VIII, Line 1

Continued

Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> <u>MICHAEL A. FOLEY</u> <u>142 RUSSELL STREET</u> <u>CARLISLE MA 01741</u>	TRUSTEE/DIRECTOR <u>0.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Total

0. 0. 0.

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

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a <i>Paid during the year</i>				
<u>MAPP INTERNATIONAL</u>				Person or <input type="checkbox"/>
<u>140 SECOND AVENUE -suite 502</u>				Business <input type="checkbox"/>
<u>new yorl NY 10003</u>		<u>501C3</u>	<u>GENERAL</u>	<u>1,500.</u>
<u>MOVEMENT RESEARCH</u>				Person or <input type="checkbox"/>
<u>55 AVENUE C</u>				Business <input type="checkbox"/>
<u>NEW YORK NY 10009</u>		<u>501C3</u>	<u>GENERAL</u>	<u>3,000.</u>
<u>THIN MAN DANCE</u>				Person or <input type="checkbox"/>
<u>140 SECOND AVENUE</u>				Business <input type="checkbox"/>
<u>NEW YORL NY 10003</u>		<u>501C3</u>	<u>GENERAL</u>	<u>5,000.</u>
<u>OTHER MINDS</u>				Person or <input type="checkbox"/>
<u>333 VALENCIA STREET - SUITE 303</u>				Business <input type="checkbox"/>
<u>SAN FRANCISCO CA 94103</u>		<u>501C3</u>	<u>GENERAL</u>	<u>1,200.</u>
<u>THE HOUSE FOUNDATION</u>				Person or <input type="checkbox"/>
<u>260 WEST BROADWAY - SUITE 2</u>				Business <input type="checkbox"/>
<u>NEW YORK NY 10013</u>		<u>501C3</u>	<u>GENERAL</u>	<u>2,000.</u>
<u>TICKLE THE SLEEPING GIANT</u>				Person or <input type="checkbox"/>
<u>600 FIFTH AVENUE</u>				Business <input type="checkbox"/>
<u>NEW YORK NY 11215</u>		<u>501C3</u>	<u>GENERAL</u>	<u>1,000.</u>
<u>PLANNED PARENTHOOD</u>				Person or <input type="checkbox"/>
<u>128 LAKESIDE AVENUE -SUITE 301</u>				Business <input type="checkbox"/>
<u>BURLINGTON VT 05401</u>		<u>501C3</u>	<u>GENERAL</u>	<u>1,000.</u>
<u>DANCESPACE</u>				Person or <input type="checkbox"/>
<u>131 EAST 10TH STREET</u>				Business <input type="checkbox"/>
<u>NEW YORK NY 10003</u>		<u>501C3</u>	<u>GENERAL</u>	<u>3,000.</u>

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
PUBLICOLOR				Person or <input type="checkbox"/>
149 MADISON AVENUE SUITE 1201				Business <input type="checkbox"/>
NEW YORK NY 10016		501C3	GENERAL	1,000.
CHEZ BUSHWICK				Person or <input type="checkbox"/>
304 BOERUM STREET #23				Business <input type="checkbox"/>
BROOKLYM NY 11206		501C3	GENERAL	500.
BROOKLYN ACADEMY OF MUSIC				Person or <input type="checkbox"/>
30 LAFAYETTE AVENUE				Business <input type="checkbox"/>
BROOKLYN NY 11217		501C3	GENERAL	1,000.
VERMONT LAND TRUST				Person or <input type="checkbox"/>
8 BAILEY AVENUE				Business <input type="checkbox"/>
MONTPELIER VT 05602		501C3	GENERAL	2,000.
VERMONT COMMUNITY FOUNDATION				Person or <input type="checkbox"/>
THREE COURT STREET				Business <input type="checkbox"/>
MIDDLEBURY VT 05753		501C3	GENERAL	1,000.
HARVESTWORKS				Person or <input type="checkbox"/>
596 BROADWAY SUITE 602				Business <input type="checkbox"/>
NEW YORK, NY 10012		501C3	GENERAL	1,500.
LA MAMA EXPERIMENTAL THEATRE				Person or <input type="checkbox"/>
74a EAST 47TH STREET				Business <input type="checkbox"/>
NEW YORK NY 10003		501C3	GENERAL	2,000.
PERFORMANCE SPACE 122				Person or <input type="checkbox"/>
150 FIRST AVENUE				Business <input type="checkbox"/>
NEW YORK NY 10009		501C3	GENERAL	1,200.
VERMONT CHILDRENS TRUST FOUNDATION				Person or <input type="checkbox"/>
19 MARBLE AVENUE				Business <input type="checkbox"/>
BURLINGTON VT 05401		501C3	GENERAL	1,000.
THE WOOSTER GROUP				Person or <input type="checkbox"/>
33 WOOSTER STREET				Business <input type="checkbox"/>
NEW YORK NY 10013		501C3	GENERAL	3,000.
STOWE LAND TRUST				Person or <input type="checkbox"/>
P.O. BOX 284				Business <input type="checkbox"/>
STOWE, VT 05672 VT 05672		501C3	GENERAL	1,000.
NORTH CENTRA MISSOURI COLLEGE FOUNDATION				Person or <input type="checkbox"/>
1301 MAIN STREET				Business <input type="checkbox"/>
TRENTON MO 64683		501C3	GENERAL	5,000.
STOWE SUMMER MUSIC FESTIVAL				Person or <input type="checkbox"/>
P. O. BOX 373				Business <input type="checkbox"/>
STOWE VT 05672		501C3	GENERAL	2,000.
VERMONT FARM WOMENS FD C/O UVM				Person or <input type="checkbox"/>
617 COMSTOCK AVENUE - SUITE 5				Business <input type="checkbox"/>
BERLIN VT 05602		501C3	GENERAL	500.
CONTACT QUARTERLY				Person or <input type="checkbox"/>
P.O. BOX 603				Business <input type="checkbox"/>
NORTHAMPTON MA 01061		501C3	GENERAL	1,000.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a <i>Paid during the year</i>				
DANCE THEATRE WORKSHOP 219 WEST 19TH STREET NEW YORK NY 10011		501C3	GENERAL	Person or <input checked="" type="checkbox"/> Business <input type="checkbox"/> 2,000.
THE FLYNN CENTER 153 MAIN STREET BURLINGTON VT 05401		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 4,000.
RIVER ARTS P.O BOX829 MORRISVILLE VT 05661		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,500.
ROULETTE EINSTEIN 30 THIRD AVENUE # 208 BROOKLYN NY 11217		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,200.
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE 2ND FLOOR NEW YORK NY 10001		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,500.
POPULATION CONTROL INTERNATIONAL 777 UNITED NATIONS PLAZA NEW YORK NY 10017		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,000.
THE SOLO FOUNDATION 230 WEST 38TH STREET NEW YORK NY 10018		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,500.
PERFORMING ART SERVICES 260 WEST BROADWAY NEW YORK NY 10013		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,000.
CONTACT QUARTERLY P. O. BOX 601 NORTHAMPTON MA 01061		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 1,000.
ISSUE PROJECT ROOM 232 3RD STREET, 3RD FLOOR BROOKLYN NY 11215		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,000.
RIVER ARTS P. O BOX 829 MORRISVILLE VT 05661		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 16,000.
GOOD FUN-D C/O WALSH & MONAGHAN 156 BATTERY STREET BURLINGTON VT 05401		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,500.
HELEN DAY ART CENTER 90 POND STREET STOWE VT 05672		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 2,500.
VERMONT SYMPHONY ORCHESTRA 2 CHURCH STREET - SUITE 19 BURLINGTON VT 05401		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 3,000.
THIN MAN DANCE 140 SECOND AVENUE NEW YORK NY 10003		501C3	GENERAL	Person or <input type="checkbox"/> Business <input type="checkbox"/> 5,000.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a <i>Paid during the year</i>				
THE HOUSE FOUNDATION				Person or <input type="checkbox"/>
260 WEST BROADWAY SUITE 2				Business <input type="checkbox"/>
NEW YORK NY 10013		501C3	GENERAL	1,000.

Total

91,100.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DORIS STANLEY	MANAGEMENT AND	18,500.	9,500.		9,000.
17 GREENBRIAR CIRCLE	SECRETARY/TREASURY	0.	0.		
ARMONK, NY 10504	AND DIRECTOR SERVICE	0.	0.		
116-3406487	INCLUDES OFFICE SPACE	0.	0.		
N/A	AND ALL OFFICE SUPPLIES	0.	0.		
N/A	SHARE RESPONSIBILITY F	0.	0.		
N/A	INVESTMENTS OF FOUNDAT	0.	0.		
Total		<u>18,500.</u>	<u>9,500.</u>		<u>9,000.</u>

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UNITED TRUST COMPANY	INVESTMENT MANAGEMENT	13,890.	13,890.		
Total		<u>13,890.</u>	<u>13,890.</u>		

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

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
ANHEUSER BUSH INBEV SA/NV	28,702.	30,000.

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

Continued

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
BAXTER INTERNATIONAL	23,120.	25,830.
BOMBADIER	16,090.	10,950.
CELANESE	12,794.	18,596.
CHEVRON	23,721.	30,846.
CISCO	17,367.	13,048.
CORNING	31,313.	23,886.
EMC	18,009.	23,010.
EMERSON ELECTRIC	30,338.	31,350.
GENERAL ELECTRIC	31,954.	31,820.
GILEAD SCIENCES	19,431.	27,895.
GOOGLE	12,982.	14,895.
HEINZ & CO	38,432.	42,120.
HONEYWELL	25,864.	32,490.
INTEL CORPORATION	20,860.	27,401.
INTERNATIONAL BUSINESS MACHINES	27,048.	37,600.
J P MORGAN CHASE	36,483.	30,970.
LOWES COMPANIES	22,795.	24,010.
MEAD JOHNSON	16,569.	22,608.
MICROSOFT	43,368.	43,486.
MONSANTO	16,292.	22,035.
OCCIDENTAL PETROLEUM	15,602.	19,780.
PEPSICO	48,753.	48,000.
PFIZER	29,480.	30,105.
QUESTAR	26,022.	28,950.
RIO TINTO	10,192.	7,961.
ROLLS-ROYCE HLDGS PLC	18,465.	22,931.
SCHLUMBERGER	29,182.	30,132.
SPECTRA ENERGY	33,687.	44,130.
ST JUDE MEDICAL	38,324.	38,440.
STAPLES INC.	32,077.	23,056.
STATE STREET GROUP	20,016.	19,825.
TARGET	24,524.	26,350.
TEVA PHARMACEUTICAL	25,210.	19,805.
TIME WARNER CABLE	16,765.	17,410.
UNITED PARCEL SERVICE	28,129.	28,700.
US BANK DEL	22,432.	25,920.
USD O/S BANK SGD1	31,363.	26,100.
VANGUARD INTERNATIONAL EQUITY FD.	22,211.	20,410.
VODAPHONE GROUP PLC	24,350.	27,150.
WASTE MANAGEMENT	42,003.	37,560.
Total	<u>1,052,319.</u>	<u>1,107,561.</u>

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

L- 10c Stmt

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
50,000 US BANCCORP	50,841.	51,045.
100,000 DUPONT E I DEMOURS	100,378.	102,213.

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

Continued

L- 10c Stmt

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
100,000 FEDERAL FARM CR BANKSHARES	100,000.	100,203.
100,000 GENERAL ELECTRIC CAP CORP	104,863.	104,426.
100,000 HEWLETT PACKARD CO SR UNSECURED NOTES	100,222.	100,654.
100,000 J P MORGAN CHASE MEDIUM TERM	100,218.	100,099.
100,000 MET LIFE SR UNSECURED	101,928.	101,636.
100,000 BERKSHIRE HATHAWAY INC.	105,201.	105,155.
Total	<u>763,651.</u>	<u>765,431.</u>

Supporting Statement of:

Form 990-PF, p2/Line 1(b)

Description	Amount
BANK OF AMERICA ACCOUNT	74.
Total	<u>74.</u>

Supporting Statement of:

Form 990-PF, p12/Line 4 Column (d)

Description	Amount
ACCRUED INTEREST PAID US BANCORP	-493.
ACCRUED INTEREST PAID FEDERAL HOME LOAN BANKSHARES	-409.
ANHEUSER BUSH	591.
BAXTER INTERNATIONAL	527.
BERKSHIRE HATHAWAY	3,200.
BOMBARDIER	310.
CELANESE	88.
CHEVRON	828.
CISCO	126.
CORNING	270.
DU PONT	1,582.
EMERSON ELECTRIC	173.
FEDERAL FARM BANKSHARES	1,000.
FEDERAL HOME BKSHARES	1,125.
FEDERAL HOME LOAN	875.
GENERAL ELECTRIC	3,750.
GENERAL ELECTRIC	1,160.
HEINZ & CO.	1,488.
HEWLETT PACKARD	2,125.
HONEYWELL	683.
IBM	495.
INTEL	803.
JP MORGAN	1,650.
JP MORGAN	800.
LOWES	500.
MEAD JOHNSON	302.
MET LIFE	2,375.
MICROSOFT	1,008.
MONSANTO	342.
NYS EURONEXT	780.
OCCIDENTAL PETROLEUM	352.
PEPSICO	1,421.
PFIZER	440.
QUESTAR	229.
ST. JUDE MEDICAL	630.
STAPLES	624.
STATE STREET	275.
TARGET	525.
TEVA	396.
UNITED PARCEL SERVICE	728.
US BANCORP	613.

Continued

Supporting Statement of:

Form 990-PF, p12/Line 4 Column (d)

Description	Amount
USBANKCORP	1,240.
USD O/S BANK	425.
VANGUARD	408.
VODAPHONE	1,260.
WASTE MANAGEMENT	1,538.
RIO TINTO	80.
SCHLUMBERGER	384.
SPECTRA ENERGY	1,445.
Total	<u>41,067.</u>

JAMES E. ROBISON FOUNDATION
13-6075171
YEAR ENDED NOVEMBER 30, 2011

STATEMENT

PART X					Line 1 b	Line 1 d
		FMV				
		Securities	Cash			
		United States	United States	Cash		
		Trust Co	Trust Co	Bank of America		
		Management	Management	Checking	Total	Total
		Account	Account	Account	Cash	Cash and
						Securities
<u>MINIMUM INVESTMENT RETURN</u>						
December	Beginning	1,416,521	951,482	1,598	953,080	2,369,601
	Ending	1,791,844	517,335	44,398	561,734	2,353,577
	Average	1,604,182	734,409	22,998	757,407	2,361,589
January	Beginning	1,791,844	517,335	44,398	561,734	2,353,577
	Ending	1,975,317	357,553	1,998	359,552	2,334,869
	Average	1,883,580	437,444	23,198	460,643	2,344,223
February	Beginning	1,975,317	357,553	1,998	359,552	2,334,869
	Ending	1,998,596	354,107	3,937	358,044	2,356,640
	Average	1,986,956	355,830	2,968	358,798	2,345,754
March	Beginning	1,998,596	354,107	3,937	358,044	2,356,640
	Ending	1,992,520	352,353	4,437	356,790	2,349,310
	Average	1,995,558	353,230	4,187	357,417	2,352,975
April	Beginning	1,992,520	352,353	4,437	356,790	2,349,310
	Ending	2,015,465	379,489	437	379,926	2,395,391
	Average	2,003,992	365,921	2,437	368,358	2,372,350
May	Beginning	2,015,465	379,489	437	379,926	2,395,391
	Ending	1,999,965	378,577	437	379,015	2,378,980
	Average	2,007,715	379,033	437	379,470	2,387,185
June	Beginning	1,999,965	378,577	437	379,015	2,378,980
	Ending	2,001,511	357,528	2,937	360,465	2,361,976
	Average	2,000,738	368,053	1,687	369,740	2,370,478
July	Beginning	2,001,511	357,528	2,937	360,465	2,361,976
	Ending	1,886,321	439,610	5,937	445,548	2,331,869
	Average	1,943,916	398,569	4,437	403,006	2,346,922
August	Beginning	1,886,321	439,610	5,937	445,548	2,331,869
	Ending	1,856,257	402,194	5,114	407,308	2,263,564
	Average	1,871,289	420,902	5,526	426,428	2,297,716
September	Beginning	1,856,257	402,194	5,114	407,308	2,263,564
	Ending	1,756,084	400,248	74	400,322	2,156,406
	Average	1,806,170	401,221	2,594	403,815	2,209,985
October	Beginning	1,756,084	400,248	74	400,322	2,156,406
	Ending	1,872,860	399,583	1,074	400,657	2,273,517
	Average	1,814,472	399,915	574	400,490	2,214,962
November	Beginning	1,872,860	399,583	1,074	400,657	2,273,517
	Ending	1,882,690	381,451	74	381,526	2,264,216
	Average	1,877,775	390,517	574	391,092	2,268,867
Total of Averages		22,796,344	5,005,044	71,619	5,076,663	27,873,007
Average per Month		1,899,695	417,087	5,968	423,055	2,322,751

STATEMENT

Ad Number	Size	Start Date	End Date
3405466	14	9/8/2012	09/08/2012

Run dates: 09/08

Ad Text:

THE ANNUAL REPORT OF
THE JAMES E. ROBISON
FOUNDATION for the fiscal
year ended November 30,
2011 is available at its prin-
cipal office located at 17
Greenbriar Circle, Armonk,
New York 10504, for inspec-
tion during regular business
hours by any citizen who re-
quests it within 180 days
hereof. Principal Manager of
the Foundation is MARTHA
A. DAVIES, PRESIDENT.

AFFIDAVIT OF PUBLICATION

FROM

The Journal News

CECILIA HERNANDEZ

_____ being duly sworn says that he/she is the principal clerk of The Journal News, a newspaper published in the County of Westchester and State of New York, and the notice of which the annexed is a printed copy, was published in the newspaper area(s) on the date(s) below:

Note: the code to the left of the run dates indicates the zone(s) that the ad was published. (See legend below)

ZONE

DATE

AN

09/08/2012

Signed

Cecilia Hernandez

Sworn to before me

This 14th day of September 20 12

Notary Public

LOLA M. HALL
Notary Public, State of New York
No. 01HA6112693
Qualified in Westchester County
Commission Expires July 6, 2016

Legend:

Northern Area (AN):

Amawalk, Armonk, Baldwin Place, Bedford, Bedford Hills, Briarcliff Manor, Buchanan, Chappaqua, Crompond, Cross River, Croton Falls, Croton on Hudson, Goldens Bridge, Granite Springs, Jefferson Valley, Katonah, Lincolndale, Millwood, Mohegan Lake, Montrose, Mount Kisco, North Salem, Ossining, Peekskill, Pound Ridge, Purdys, Shenorock, Shrub Oak, Somers, South Salem, Verplanck, Waccabuc, Yorktown Heights, Brewster, Carmel, Cold Spring, Garrison, Lake Peekskill, Mahopac, Mahopac Falls, Putnam Valley, Patterson

Central Area (AC):

Ardsley, Ardsley on Hudson, Dobbs Ferry, Elmsford, Greenburg, Harrison, Hartsdale, Hastings, Hastings on Hudson, Hawthorne, Irvington, Larchmont, Mamaroneck, Pleasantville, Port Chester, Purchase, Rye, Scarsdale, Tarrytown, Thornwood, Valhalla, White Plains

Southern Area (AS):

Bronxville, Eastchester, Mount Vernon, New Rochelle, Pelham, Tuckahoe, Yonkers

Greater Westchester (GW or LGW):

Includes Northern area, Southern area and Central area. (See details below each area)

Westchester Rockland (WR):

Includes Greater Westchester area and Rockland area.

Rockland Area (A5 or AR):

Blauvelt, Congers, Garnerville, Haverstraw, Hillburn, Monsey, Nanuet, New City, Nyack, Orangeburg, Palisades, Pearl River, Piermont, Pomona, Sloatsburg, Sparkill, Spring Valley, Stony Point, Suffern, Tallman, Tappan, Thiells, Tomkins Cove, Valley Cottage, West Haverstraw, West Nyack

Express (XPWR):

Amawalk, Ardsley, Armonk, Baldwin Place, Bedford, Bedford Hills, Brewster, Briarcliff Manor, Bronxville, Buchanan, Carmel, Chappaqua, Cold Spring, Cortlandt Manor, Cross River, Croton-on-Hudson, Dobbs Ferry, Eastchester, Elmsford, Garrison, Goldens Bridge, Granite Springs, Harrison, Hartsdale, Hastings, Hawthorne, Irvington, Jefferson Valley, Katonah, Lake Peekskill, Larchmont, Mahopac, Mamaroneck, Millwood, Mohegan Lake, Montrose, Mount Kisco, New Rochelle, North Salem, Ossining, Patterson, Peekskill, Pelham, Pleasantville, Port Chester, Pound Ridge, Purchase, Purdy's, Putnam Valley, Rye, Scarsdale, Shrub Oak, Somers, South Salem, Tarrytown, Thornwood, Tuckahoe, Valhalla, Waccabuc, White Plains, Yorktown Heights, Blauvelt, Congers, Garnerville, Haverstraw, Hillburn, Monsey, Nanuet, New City, Nyack, Orangeburg, Palisades, Pearl River, Piermont, Pomona, Sloatsburg, Sparkill, Spring Valley, Stony Point, Suffern, Tallman, Tappan, Thiells, Tomkins Cove, Valley Cottage, West Haverstraw, West Nyack, Mt. Vernon, Yonkers

AD# 3405466

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

OMB No. 1545-1709

► **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 8868 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 instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & 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 ☐

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions JAMES E. ROBISON FOUNDATION INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 13-6075171
	Number, street, and room or suite no. If a P.O. box, see instructions 17 GREENBRIAR CIRCLE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ARMONK, NEW YORK 10504	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

- The books are in the care of ► **DORIS STANLEY, 17 GREENBRIAR CIRCLE, ARMONK, NY 10504**

Telephone No. ► **914-273-3121** FAX No. ► **914-273-6382**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JULY 15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 ☐ or

► ☒ tax year beginning **DECEMBER 1**, 20 **10**, and ending **NOVEMBER 30**, 20 **11**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	3000
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.	3b	\$	3000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Cat No 27916D

Form **8868** (Rev. 1-2012)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions JAMES E. ROBISON FOUNDATION, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 13-6075171
	Number, street, and room or suite no. If a P O box, see instructions 17 GREENBRIAR CIRCLE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ARMONK, NY 10504	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

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

• The books are in the care of **DORIS STANLEY**

Telephone No. **914-273-3121** FAX No. **914-273-6382**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **OCTOBER 15**, 20 **12**.
- 5 For calendar year . . . , or other tax year beginning **DECEMBER 1**, 20 **10**, and ending **NOVEMBER 30**, 20 **11**.
- 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
- 7 State in detail why you need the extension **THE ACCOUNTING WORK HAS NOT BEEN COMPLETED.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	3,000.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	3,000
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.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature **Doris Stanley** Title **TREASURER/MANAGER**

Date **7/6/12**