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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation****2011**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 2011, or tax year beginning , 2011, and ending**

Name of foundation The Evslin Family Foundation, Inc.		A Employer identification number 22-3778394
Number and street (or P O box number if mail is not delivered to street address) c/o Mary Evslin 2398 Stowe Hollow Rd.	Room/suite	B Telephone number (see the instructions) (802) 760-1228
City or town Stowe	State ZIP code VT 05672	C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply		D 1 Foreign organizations, check here <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial Return of a former public charity	2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	F If the foundation is in a 60-month termination under section 507(b)(1)(B), 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		
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 750,820.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (att sch)		0.			
2 <input checked="" type="checkbox"/> If the foundn is not req to att Sch B					
3 Interest on savings and temporary cash investments		1,004.	1,004.		
4 Dividends and interest from securities		5,121.	5,121.		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain/(loss) from sale of assets not on line 10					
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)					
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
Excise Tax Refund		429.	0.		
12 Total. Add lines 1 through 11		6,554.	6,125.		
13 Compensation of officers, directors, trustees, etc					
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees (attach schedule)					
b Accounting fees (attach sch) 1,160 Stmt		1,835.	918.		917.
c Other prof fees (attach sch)					
17 Interest					
18 Taxes (attach schedule)(see instrs)					
19 Depreciation (attach sch) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		1,159.	0.		1,159.
22 Printing and publications					
23 Other expenses (attach schedule) See Line 23 Stmt		214.	107.		107.
24 Total operating and administrative expenses. Add lines 13 through 23		3,208.	1,025.		2,183.
25 Contributions, gifts, grants paid		561,300.			561,300.
26 Total expenses and disbursements. Add lines 24 and 25		564,508.	1,025.		563,483.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-557,954.			
b Net investment income (if negative, enter -0-)			5,100.		
c Adjusted net income (if negative, enter -0-)					

17

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash — non-interest-bearing	153.	0.	0.
	2	Savings and temporary cash investments	1,247,636.	689,835.	689,835.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments — U S and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	c	Investments — corporate bonds (attach schedule)			
	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 <u>L-15 Stmt</u>)	29,275.	29,275.	60,985.
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	1,277,064.	719,110.	750,820.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
NET FUND ASSETS	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe <u> </u>)			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
	27	Capital stock, trust principal, or current funds	1,277,064.	719,110.	
NET FUND BALANCES	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	1,277,064.	719,110.	
	31	Total liabilities and net assets/fund balances (see instructions)	1,277,064.	719,110.	

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	1,277,064.
2	Enter amount from Part I, line 27a	2	-557,954.
3	Other increases not included in line 2 (itemize) <u> </u>	3	
4	Add lines 1, 2, and 3	4	719,110.
5	Decreases not included in line 2 (itemize) <u> </u>	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	719,110.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)

(b) How acquired
P — Purchase
D — Donation(c) Date acquired
(month, day, year)(d) Date sold
(month, day, year)

1 a			
b			
c			
d			
e			

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)

— [If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7]

2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-
in Part I, line 8

3

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

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

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

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

☐ Yes☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2010	389,264.	1,371,328.	0.283859
2009	96,309.	1,478,452.	0.065142
2008	171,397.	1,539,144.	0.111359
2007	162,865.	1,444,736.	0.112730
2006	148,590.	1,222,886.	0.121508

2 Total of line 1, column (d)

2

0.694598

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

0.138920

4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5

4

941,159.

5 Multiply line 4 by line 3

5

130,746.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6

51.

7 Add lines 5 and 6

7

130,797.

8 Enter qualifying distributions from Part XII, line 4

8

563,483.

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)			
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	51.
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	51.
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	51.
6 Credits/Payments			
a 2011 estimated tax pmts and 2010 overpayment credited to 2011	6 a	560.	
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7	560.	
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	509.	
11 Enter the amount of line 10 to be credited to 2012 estimated tax	11	449.	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) VT - Vermont		
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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	X	
14	The books are in care of Mary Evslyn Telephone no (802) 760-1228 Located at 2398 Stowe Hollow Road Stowe, VT ZIP + 4 05672			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A			
16	At any time during calendar year 2011, 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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country	16		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 instructions)? Organizations relying on a current notice regarding disaster assistance check here 1b <input type="checkbox"/> X		
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 2011? 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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years 20__ , 20__ , 20__ , 20__		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see 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 20__ , 20__ , 20__ , 20__		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2011 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 2011) 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 2011? 4b X		

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

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?

N/A

☐ 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

X

If 'Yes' to 6b, file Form 8870

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

7b

N/A

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
Mary A. Evslyn 2398 Stowe Hollow Road Stowe VT 05672	President 2.00	0.	0.	0.
Tom I. Evslyn 2398 Stowe Hollow Road Stowe VT 05672	V.P. / Secretary 1.00	0.	0.	0.
Jarah Evslyn 2398 Stowe Hollow Road Stowe VT 05672	Trustee 1.00	0.	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				

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 Not Applicable	
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 None	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	955,491.
c Fair market value of all other assets (see instructions)	1c	0.
d Total (add lines 1a, b, and c)	1d	955,491.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	955,491.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	14,332.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	941,159.
6 Minimum investment return. Enter 5% of line 5	6	47,058.

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	47,058.
2a Tax on investment income for 2011 from Part VI, line 5	2a	51.
b Income tax for 2011 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	51.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	47,007.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	47,007.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	47,007.

Part XIII **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	563,483.
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	563,483.
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	51.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	563,432.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				47,007.
2 Undistributed income, if any, as of the end of 2011.				
a Enter amount for 2010 only			0.	
b Total for prior years. 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2011				
a From 2006	101,807.			
b From 2007	166,253.			
c From 2008	95,248.			
d From 2009	23,914.			
e From 2010	321,784.			
f Total of lines 3a through e	709,006.			
4 Qualifying distributions for 2011 from Part XII, line 4: \$ 563,483.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2011 distributable amount				47,007.
e Remaining amount distributed out of corpus	516,476.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,225,482.			
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 2010 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				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 2006 not applied on line 5 or line 7 (see instructions)	101,807.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,123,675.			
10 Analysis of line 9:				
a Excess from 2007	166,253.			
b Excess from 2008	95,248.			
c Excess from 2009	23,914.			
d Excess from 2010	321,784.			
e Excess from 2011	516,476.			

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

N/A

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling

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

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
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))

Tom & Mary Evslyn

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

None

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

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see 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
See Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc. Programs

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

- c Any submission deadlines:

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
Stanford School of Medicine 291 Campus Drive LK3C02 Stanford CA 94305	N/A	501(c)(3) Pub Char	Department of Otolaryngology	250,000.
Memorial Sloan Kettering 1275 York Avenue New York NY 10065	N/A	501(c)(3) Pub Char	Entrepreneurial Research Fund / Operating Support	13,000.
Central Vermont Home Health 600 Granger Road Barre VT 05641	N/A	501(c)(3) Pub Char	Operating Support	3,000.
American Red Cross - No. Vermont Chapter 29 Mansfield Ave. Burlington VT 05401	N/A	501(c)(3) Pub Char	Local Flood Relief / Local Emergency Response Plan	12,000.
Stowe Land Trust P.O. Box 284 Stowe VT 05672	N/A	501(c)(3) Pub Char	General Operating Support	1,000.
Michael J. Fox Foundation P.O. Box 780 New York NY 10008	N/A	501(c)(3) Pub Char	General Operating Support	1,000.
Shelburne Farms 1611 Harbor Road Shelburne VT 05482	N/A	501(c)(3) Pub Char	General Operating Support	2,000.
Copley Hospital Foundation 528 Washington Highway Morrisville VT 05661	N/A	501(c)(3) Pub Char	General Operating Support	2,000.
Vermont Humanities Council 11 Loomis Street Montpelier VT 05602	N/A	501(c)(3) Pub Char	General Operating Support	250.
See Line 3a statement				277,050.
Total			3a	561,300.
<i>b Approved for future payment</i>				
None				
Total			3b	

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
Bank & Other Fees	180.	90.		90.
Miscellaneous	34.	17.		17.
Total	214.	107.		107.

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"/> Kelly Ruby 116 Pinehurst Avenue #E-51 New York NY 10033	Director 1.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> Kate Morris 838 Henderson Avenue Sunnyvale CA 94086	Director 1.00	0.	0.	0.

Total

0. 0. 0.

Form 990-PF, Page 10, Part XV, Line 2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

Name _____
 Address **Not Applicable** _____
 City, St, Zip, Phone _____

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

Any submission deadlines.

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

Form 990-PF, Page 10, Part XV, Line 2

Continued

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

Name _____

Address _____

City, St, Zip, Phone _____

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

Not Applicable

Any submission deadlines.

Not Applicable

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

Not Applicable

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

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>Milwaukee Catholic Home</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>Patio Enhancement</u>	Person or <input type="checkbox"/>
<u>2642 North Prospect Avenue</u>		<u>Pub Char</u>	<u>Fund</u>	Business <input checked="" type="checkbox"/>
<u>Milwaukee WI 53211</u>				500.
<u>New York Restoration Program</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>234 West 31st Street</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>New York NY 10001</u>				1,000.
<u>Magicians Without Borders</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>100 Geary Road</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Lincoln VT 05443</u>				1,000.
<u>Shelburne Museum</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>Route Seven</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Shelburne VT 05482</u>				500.
<u>Town of South Hero</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>Fire Department</u>	Person or <input type="checkbox"/>
<u>333 Route 2</u>		<u>Pub Char</u>	<u>& Rescue Squad</u>	Business <input checked="" type="checkbox"/>
<u>South Hero VT 05486</u>				2,000.
<u>Vermont Stage Company</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>110 Main Street</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Burlington VT 05401</u>				500.
<u>Vermont Council on Rural Development</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>ARRA Sustainable</u>	Person or <input type="checkbox"/>
<u>P.O. Box 1384</u>		<u>Pub Char</u>	<u>Adoption Grant</u>	Business <input checked="" type="checkbox"/>
<u>Montpelier VT 05601</u>				203,000.
<u>MOBIUS</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>20 Winooski Falls Way #105</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Winooski VT 05404</u>				100.
<u>National Trust for Historic Preservation</u>	<u>N/A</u>	<u>501(c)(3)</u>	<u>General</u>	Person or <input type="checkbox"/>
<u>1785 Massachusetts Avenue NW</u>		<u>Pub Char</u>	<u>Operating Support</u>	Business <input checked="" type="checkbox"/>
<u>Washington DC 20036</u>				100.

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

Continued

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				
<u>Vermont Public Radio</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General</u>	Person or <input type="checkbox"/>
<u>365 Troy Avenue</u>		<u>Pub Char</u>	<u>Operating Support</u>	Business <input checked="" type="checkbox"/>
<u>Colchester VT 05446</u>				750.
<u>WGBO Radio</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General</u>	Person or <input type="checkbox"/>
<u>54 Park Place</u>		<u>Pub Char</u>	<u>Operating Support</u>	Business <input checked="" type="checkbox"/>
<u>Newark NJ 07102</u>				1,000.
<u>Friends of the Stowe Public Library</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General</u>	Person or <input type="checkbox"/>
<u>90 Pond Street</u>		<u>Pub Char</u>	<u>Operating Support</u>	Business <input checked="" type="checkbox"/>
<u>Stowe VT 05672</u>				100.
<u>Phillips Andover Academy</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General</u>	Person or <input type="checkbox"/>
<u>180 Main Street</u>		<u>Pub Char</u>	<u>Operating Support</u>	Business <input checked="" type="checkbox"/>
<u>Andover MA 01810</u>				10,000.
<u>Vermont Public Television</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General</u>	Person or <input type="checkbox"/>
<u>209 Ethan Allen Avenue</u>		<u>Pub Char</u>	<u>Operating Support</u>	Business <input checked="" type="checkbox"/>
<u>Colchester VT 05446</u>				500.
<u>Champlain College</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>Veterans</u>	Person or <input type="checkbox"/>
<u>163 South Willard Street</u>		<u>Pub Char</u>	<u>Scholarship Program</u>	Business <input checked="" type="checkbox"/>
<u>Burlington VT 05401</u>				10,000.
<u>Dominican High School</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>120 East Silver Spring Drive</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Whitefish Bay WI 53217</u>				2,000.
<u>Fletcher Allen Healthcare Foundation</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>111 Colchester Avenue</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Burlington VT 05401</u>				25,000.
<u>Lake Champlain Maritime Museum</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>4472 Basin Harbor Road</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Vergennes VT 05491</u>				500.
<u>Capital Plus Exchange</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>2230 South Michigan Avenue #200</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Chicago IL 60616</u>				10,000.
<u>Alzheimers Association</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>225 North Michigan Avenue 17th Floor</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Chicago IL 60601</u>				500.
<u>Vermont Symphony Orchestra Association</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>Two Church Street</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Burlington VT 05401</u>				250.
<u>South Hero Land Trust</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>P.O. Box 455</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>South Hero VT 05486</u>				250.
<u>Common Good Vermont</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>294 North Winooski Avenue</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Burlington VT 05401</u>				500.
<u>Steps to Wellness / Vermont Cancer Center</u>	<u>N/A</u>	<u>501 (c) (3)</u>	<u>General Operating</u>	Person or <input type="checkbox"/>
<u>89 Beaumont Street</u>		<u>Pub Char</u>	<u>Support</u>	Business <input checked="" type="checkbox"/>
<u>Burlington VT 05405</u>				250.

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				
Hinesburg Rescue Squad			General Operating	Person or <input type="checkbox"/>
10340 Route 116	N/A	501(c)(3)	Support	Business <input checked="" type="checkbox"/>
Hinesburg VT 05461		Pub Char		500.
Helen Day Art Center			General Operating	Person or <input type="checkbox"/>
P.O. Box 411	N/A	501(c)(3)	Support	Business <input checked="" type="checkbox"/>
Stowe VT 05672		Pub Char		2,000.
Jean Weingarten Peninsula Oral School for			General Operating	Person or <input type="checkbox"/>
3518 Jefferson Avenue	N/A	501(c)(3)	Support	Business <input checked="" type="checkbox"/>
Redwood City CA 94062		Pub Char		5,000.
Ronald McDonald House			General Operating	Person or <input type="checkbox"/>
16 South Winooski Avenue	N/A	501(c)(3)	Support	Business <input checked="" type="checkbox"/>
Burlington VT 05401		Pub Char		250.
Cancelled Grant				Person or <input type="checkbox"/>
				Business <input type="checkbox"/>
				-1,000.

Total

277,050.

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
Wallace W. Tapia, P	Accounting and Tax Pre	1,835.	918.		917.
Total		<u>1,835.</u>	<u>918.</u>		<u>917.</u>

Form 990-PF, Page 2, Part II, Line 15

Other Assets Stmt

Line 15 - Other Assets:	Beginning Year Book Value	End of Year	
		Book Value	Fair Market Value
Program Related Investment in ShoreCap International Ltd.	29,275.	29,275.	60,985.
Total	<u>29,275.</u>	<u>29,275.</u>	<u>60,985.</u>

**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		Employer identification number (EIN) or
	The Evslin Family Foundation, Inc.		<input checked="" type="checkbox"/> 22-3778394
	Number, street, and room or suite number. If a P.O. box, see instructions		Social security number (SSN)
	c/o Mary Evslin 2398 Stowe Hollow Rd.		<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Stowe		VT 05672

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

04

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 (section 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 ► **Mary Evslin**

Telephone No ► **(802) 760-1228** FAX No ► **(732) 746-1632**

- 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 **Aug 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 **11** or
 - ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 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	\$	51.
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	\$	560.
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