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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491316012688

2017

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public

Inspection

For	cale	ndar year 2017, or tax year beginning 01-01-20	D17 , aı	nd ending 12-31-	2017	
		undation and Deborah L Tarrant		A Employer id	entification numbe	r
Fo	undatıo	n Inc		03-0364509		
	ber and O Box 5	d street (or P O box number if mail is not delivered to street address; 321) Room/suite	B Telephone nu	ımber (see ınstruction	ns)
C-1		770 - 6		(802) 857-049	5	
		n, state or province, country, and ZIP or foreign postal code T 05404		C If exemption	application is pendin	g, check here
G Cl	neck al	ll that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganızatıons, check he	ere . \square
		☐ Final return ☐ Amended return			ganizations meeting	
		Address change Name change		test, chec	k here and attach co	mputation 🕨 🔲
H C	neck ty	$ \sqrt{p} $ pe of organization $ \boxed{2} $ Section 501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxabl	le private foundation			
			☑ Cash ☐ Accru		ation is in a 60-month	
		from Part II, col (c), ▶\$ 5,244,966	t be on cash basis)	under sectio	n 507(b)(1)(B), chec	k here
Da	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements
114		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	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach				(cash basis only)
	2	schedule) Check If the foundation is not required to attach				
		Sch B				
	3 4	Dividends and interest from securities	140,091	123,608		
	5a	Gross rents	140,031	123,000		
Revenue	ь	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	329,852			
	ь	Gross sales price for all assets on line 6a				
Şe√	7	329,852 Capital gain net income (from Part IV, line 2)	2	329,852		
_	8	Net short-term capital gain		329,032		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold				
	c c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	-13,554	-13,554	0	
	12	Total. Add lines 1 through 11	456,389	439,906	0	
	13	Compensation of officers, directors, trustees, etc	129,648	0	0	129,648
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits				
Sui	16a	Legal fees (attach schedule)				
Expenses	ь	Accounting fees (attach schedule)	4,000	0	0	4,000
e E	c	Other professional fees (attach schedule)	1,309	0	0	1,309
and Administrative	17	Interest				
Str	18	Taxes (attach schedule) (see instructions)	16,588	198	0	9,390
Ξ	19	Depreciation (attach schedule) and depletion				
Ē	20	Occupancy				
ַ	21	Travel, conferences, and meetings				
<u>=</u>	22	Printing and publications	A6.1			
<u>Bu</u>	23	Other expenses (attach schedule)	74,965	63,071	0	11,894
Operating	24	Total operating and administrative expenses.	225.515	62.55	_	455.0
ğ]	Add lines 13 through 23	226,510		0	156,241
_	25	Contributions, gifts, grants paid	2,113,250			2,113,250
	26	Total expenses and disbursements. Add lines 24 and 25	2,339,760	63,269	0	2,269,491
	27	Subtract line 26 from line 12				
	а	Excess of revenue over expenses and disbursements	-1,883,371			
	b	Net investment income (if negative, enter -0-)		376,637		
	С	Adjusted net income(If negative, enter -0-)	<u> </u>		0	
ror	raper	work Reduction Act Notice, see instructions.		Cat No 11289)	K For	m 990-PF (2017)

- 1		-		·	
	2	Savings and temporary cash investments			
	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 schedule)			
		Less allowance for doubtful accounts ▶			
sets	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
As	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 ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	6,493,304	4,483,746	5,017,139
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ▶ 13,902	3,992	3,992	3,992
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			

4,711,573

4,711,573

4,711,573

4,711,573

1

2

3

4

5

6

6,597,596

-1,883,371

4,714,225

4,711,573 Form **990-PF** (2017)

2,652

6,597,596

6,597,596

6,597,596

5,244,966

12	Investments—mortgage loans		
13	Investments—other (attach schedule)	6,493,304	% J
14	Land, buildings, and equipment basis > 17,894		
	Less accumulated depreciation (attach schedule) ▶ 13,902	3,992	% ∫
15	Other assets (describe)		
16	Total assets (to be completed by all filers—see the		
	ınstructions Also, see page 1, item I)	6,597,596	
17	Accounts payable and accrued expenses		

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

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.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions) .

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

18

19

20 21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

4

Liabilities

Net Assets or Fund Balances

Grants payable.

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Deferred revenue .

Other liabilities (describe ▶_

Page **3**

· · · · · · · · · · · · · · · · · · ·						
	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1 a Chrispus Holding III, LLC	Short Term Capital Gain		Р			
b Chrispus Holding III, LLC	Short Term Capital Gain		Р			
c						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 2	7,336			, , , ,	27,336	
	2,516				302,516	
c					·	
d						
e						
	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	 	IV.	
(i)	(j) Adjusted basis	İ	(k) s of col (ı)	Gains (Col (l) h) gain minus less than -0-) or	
F M V as of 12/31/69	as of 12/31/69	over col	(j), if any	Losses (fr	om col (h))	
a					27,336	
b					302,516	
c						
d						
е						
2 Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in I		2	329,852	
•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi · · · · · · ·	ons) If (loss), enter -0)-	3		
Part V Qualification U	Jnder Section 4940(e) for Re	duced Tay on Net	Investment In	come		
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incon	ne)		
if section 4940(d)(2) applies, le	eave this part blank					
	e section 4942 tax on the distributal of qualify under section 4940(e) Do			?	es 🔽 No	
 Enter the appropriate am 	nount in each column for each year,	see instructions before	e making any entrie	s		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by c		
2016	2,306,039		8,175,009	, <u>,-, </u>	0 282084	
2015	2,111,496		10,077,205		0 209532	
2014	1,646,923		11,894,567		0 138460	
2013	1,556,614		12,150,861		0 128107	
2012	1,308,760		11,785,847		0 111045	
2 Total of line 1, column (c	d)		2		0 869228	
	ofor the 5-year base period—divide indation has been in existence if less		, or by the 3		0 173846	
	ncharitable-use assets for 2017 fron		4		6,152,827	
5 Multiply line 4 by line 3			5		1,069,644	
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		3,766	
			7		1,073,410	
	ons from Part XII, line 4 ,				2,269,491	
	eater than line 7, check the box in Pa			ng a 1% tax rate Se		

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	, Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
				
Total number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
-				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
				
2				
All III	<u> </u>			
All other program-related investments 3	See instructions			
Total. Add lines 1 through 3 .		· · · · · · · ·		000 PE (2017)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

2.269.491

2.265.725

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3.766

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

303.875

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0

(d)

2017

b Total for prior years

1

2

-PF	(2	01	7)	
	_		_	_	_

Distributable amount for 2017 fro
Undistributed income, if any, as o

From 2012.

b From 2013. . . . c From 2014. . .

From 2015. . . .

e From 2016.

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

b Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, 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

om Part XI, line 7 of the end of 2017 a Enter amount for 2016 only. Excess distributions carryover, if any, to 2017

733.762 973,583 1.068.887

1.625.200 1,905,547

973.583 1,068,887

1.625.200

1,905,547

1,965,616

6.306.979

1,965,616

8,272,595

733.762

7,538,833

0

(b)

Years prior to 2016

(c)

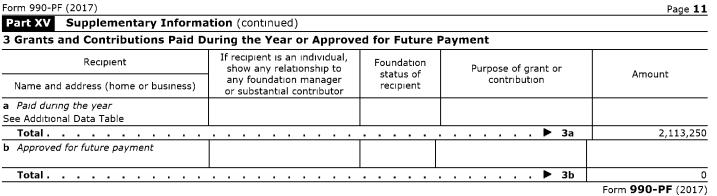
2016

(a)

Corpus

Qualified organizations must provide valuable community service and demonstrate they meet fundamental needs not easily met elsewhere, and demonstrate professional and efficient management. The Foundation shall look favorably upon qualified organizations which are educational in nature, or which serve the needy, including the poor and disenfranchised. No qualified organization may be a proponent of free choice as it relates to abortion. No organization which adopts or supports a socialist political platform or "progressive" socialist type agenda shall be an

eligible qualified organization



1 Program se a b	Analysis of Income-Producing	ACLIVILIES					
1 Program se a b						(e)	
a b	Enter gross amounts unless otherwise indicated		siness income	Excluded by section	Excluded by section 512, 513, or 514		
a b		(a)	(b) Amount	(c)	(d)	function income (See instructions	
b	ervice revenue	Business code	Amount	Exclusion code	Amount	(See man denoms	
_							
·							
d							
	d contracts from government agencies						
_	nip dues and assessments						
Interest	on savings and temporary cash						
	ents						
	and interest from securities l income or (loss) from real estate			14	140,091		
	anced property						
	t-financed property						
Net renta	al income or (loss) from personal property						
	estment income						
	(loss) from sales of assets other than			18	329,852		
	y			10	329,632		
	ofit or (loss) from sales of inventory						
L Other rev							
	oss from Passthrough Entity			14	-68,531		
	n/Loss from Passthrough			18	54,977		
	Add columns (b), (d), and (e)			0	456,389		
J Total. Ad	d line 12, columns (b), (d), and (e).			1	3	456,389	
See work	sheet in line 13 instructions to verify calcul Relationship of Activities to th	e Accomplish	ment of Exem	nnt Purnoses			
	Explain below how each activity for which				ited importantly to		
.ine No.	the accomplishment of the foundation's ex						
-+	instructions)						
-+							
							

orm 99	0-PF (20	<u> </u>				Pa	ge 13
Part	XVII	Information Re Exempt Organi		ions and Relationships With Noncharit	table		
1 Did (c)	the orgar of the Co	nization directly or in de (other than sectio	ndirectly engage in any of the following with a on 501(c)(3) organizations) or in section 527	any other organization described in section 501 , relating to political organizations?		Yes	No
a Trar	sfers fro	m the reporting four	ndation to a noncharitable exempt organization	on of			
(1)	Cash.				1a(1)		No
(2)	Other as	ssets			1a(2)		No
b Other	er transa	ctions					
(1)	Sales of	assets to a nonchar	itable exempt organization		1b(1)		No
(2)	Purchas	es of assets from a r	noncharitable exempt organization		1b(2)		No
(3)	Rental c	f facılıtıes, equipmei	nt, or other assets		1b(3)		No
(4)	Reımbuı	sement arrangemer	nts		1b(4)		No
(5)	Loans o	r loan guarantees.			1b(5)		No
(6)	Performa	ince of services or m	nembership or fundraising solicitations		1b(6)		No
c Sha	rıng of fa	cilities, equipment, r	mailing lists, other assets, or paid employees		1c		No
(a) Line	No (1	b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ring arra	ngemen	ts
	_						
	_						
desc	cribed in	•	ectly affiliated with, or related to, one or more Code (other than section 501(c)(3)) or in section 501(c)(3)	' -	□Yes	✓	No

of th	e goo	ds, other assets, or ser nsaction or sharing arra	vices given b	y the reporting	foundation If the	foundation	n receive	d less than fair m	arket value
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Desc	cription of	transfers, transaction	ns, and sharing arrangements
	-								
	-								
	_								
desc	rıbed	ndation directly or indir in section 501(c) of the omplete the following s	Code (other	than section 50	01(c)(3)) or in sec	tion 527?			
		(a) Name of organization	on	- (b) Type of organizat	ion		(c) Descripti	on of relationship
	of m		f, it is true, c						statements, and to the best based on all information of
Sign Here		****			2018-11-06		****		May the IRS discuss this return with the preparer shown below
	,	Signature of officer or t	rustee		Date	'т	itle		(see instr)? ✓ Yes ☐ No
		Print/Type preparer's	s name	Preparer's Sigi	nature	Date		Check if self-	PTIN

Barbara J McGuan CPA

Firm's address ▶ PO Box 1100

Firm's name ▶ Berry Dunn McNeil & Parker LLC

Portland, ME 041041100

Paid **Preparer**

Use Only

P00219457

Firm's EIN ▶01-0523282

Phone no (207) 775-2387

employed ightharpoonup

2018-11-06

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred

			compensation	
Richard E Tarrant	Director	0	0	(
PO Box 521 Winooski, VT 05404	1 00			

PO Box 521 Winooski, VT 05404	1 00	0	0	U
Deborah L Tarrant	Director	0	0	0
	1 00			

·				
Deborah L Tarrant	Director	0	0	0
PO Box 521 Winooski, VT 05404	1 00			
Ronald L Roberts	Director	0	0	0

PO Box 521 Winooski, VT 05404				
Ronald L Roberts	Director	0	0	0
PO Box 521 Winooski, VT 05404	1 00			

Winooski, VT 05404				
Ronald L Roberts	Director	0	0	0
PO Box 521 Winooski, VT 05404	1 00			
Kevın S Veller	Director	0	0	0

PO Box 521 Winooski, VT 05404	1 00			
Frank Cloffi	Director	0	0	0

Winooski, VT 05404				
Frank Cıoffı	Director	0	0	0
PO Box 521	1 00			

Frank Cioffi	Director	0	0	C
PO Box 521 Winooski, VT 05404	1 00			

Executive Director

40 00

122,748

6,900

Lauren A Curry

PO Box 521 Winooski, VT 05404 Form 990PF Part XV Line 1a - 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).

Richard E Tarrant

Deborah L Tarrant

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Alice Lloyd College100 Purpose Road Pippa Passes, KY 41844	No Relationship	PC	Ada & Pepper Martin Endowments	
Boys & Girls Club Of Brattleboro	No Relationship	PC	General Operating Support &	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

oys & Gırls Club Of Brattleboro 7 Flat St rrattleboro, VT 05301	No Relationship	PC	General Operating Support & Tech Updgrades	

Brattleboro, VT 05301			recir opugrades	
Boys & Girls Club Of Burlington 62 Oak Street	No Relationship	PC	General Operating Support	

Boys & Girls Club Of Burlington	No Relationship	PC	General Operating Support	
62 Oak Street				
Burlington, VT 05401				

Boys & Girls Club Of Burlington	No Relationship	PC	General Operating Support	
52 Oak Street	·		· - · · ·	
Burlington, VT 05401				

3a

Boys & Girls Club Of Burlington	No Relationship	PC	General Operating Support	20,000
62 Oak Street				
Burlington, VT 05401				

2 Oak Street urlington, VT 05401	·	·	J 11	,

20,000

23,000

rlington, VT 05401		
Total	 	2,113,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

a Paid during the year				
Boys & Girls Club of Greater Vergennes 55 School Street	No Relationship	PC	General Operating Support	18,000
Vergennes, VT 05491				

/ergennes, VT 05491				
Boys & Girls Club Of Rutland County PO 636	No Relationship	PC	General Operating Support	18,000

Boys & Girls Club Of Rutland County PO 636 Rutland, VT 05702	No Relationship	PC	General Operating Support	18,000
Brattleboro Senior Meals207 Main Street	No Relationship	PC	General Operating Support	10,000

Rutland, VT 05702				
Brattleboro Senior Meals207 Main Street Brattleboro, VT 05301	No Relationship	PC	General Operating Support	10,000
				1

Brattleboro Senior Meals207 Main Street Brattleboro, VT 05301	No Relationship	PC	General Operating Support	

Brattleboro, VT 05301		
Total	 	 2,113,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year No Relationship PC Financial Capabilities Program 15,000 Capstone Community Action 20 Gable Place

Barre, VT 05641				
Community Senior CenterPO Box 508 Richmond, VT 05477	No Relationship	PC	Website Upgrade	2,000
COTSPO Box 1616 Burlington, VT 05402	No Relationship	PC	Housing Resource Center	25,000

Total . 3a 2,113,250

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year

Fil All T L . L	No Dolotronoloro	DC.	C C B	
COVER Home Repair158 South Main St White River Junction, VT 05001	No Relationship	PC	General Operating Support	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

,				
Ethan Allen InstitutePO Box 543 Montpelier, VT 05601	No Relationship	PC	Common Sense Radio	
	The state of the s	·	· ·	

Ethan Allen InstitutePO Box 543 Montpelier, VT 05601	No Relationship	PC	Common Sense Radio	2,000
Gathering Place30 Terrace Street	No Relationship	PC	Expansion Initiative	10,000

' '				ı
Gathering Place30 Terrace Street Brattleboro, VT 05301	No Relationship	PC	Expansion Initiative	10,

Brattleboro, VT 05301				
Gathering Place30 Terrace Street	No Relationship	PC	Expansion Initiative	

За

Brattleboro, VT 05301	Tro Trendrionionip	Expansion initiative	10,
Total		 . >	2,113,250

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or cubetantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

	or substantial contributor			
a Paid during the year				
Gifford Health Care44 S Main St Randolph, VT 05060	No Relationship	PC	Adult Day Programs	8,000

Randolph, VI 05060				
Good Samaritan Haven 105 North Seminary Street Barre, VT 05641	No Relationship	PC	General Operating Support	7,500

Good Samaritan Haven 105 North Seminary Street Barre, VT 05641	No Relationship	PC	General Operating Support	7,500
Green Mountain Habitat For Humanity 300 Cornerstone Drive Suite 335	No Relationship	PC	General Operating Support	7,500

Daire, VI 05041				
Green Mountain Habitat For Humanity 300 Cornerstone Drive Suite 335 Williston, VT 05495	No Relationship	PC	General Operating Support	7,500

Green Mountain Habitat For Humanity 300 Cornerstone Drive Suite 335 Williston, VT 05495	No Relationship	PC	General Operating Support	7,500
Total				2,113,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOPEPO Box 403 No Relationship PC Backpack Program/General 7,500

Lyndon Center, VT 05850			Operating Support	
Healing Winds174 Battery St 2nd Floor Burlington, VT 05401	No Relationship	PC	General Operating Support	500
Home Share Now 105 North Main Street Suite 103 Barre, VT 05641	No Relationship	PC	General Operating Support	7,500

Total . 3a 2,113,250

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

10,000

June Buchanan School100 Purpose Road Pippa Passes, KY 41844	No Relationship	PC	AMLE Conference	
Kına Street Center87 Kına St	No Relationship	PC	General Operating Support	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Burlington, VT 05401				
Kıng Street Center87 Kıng St	No Relationship	PC	General Operating Support	

Burlington, VI 05401				
Living Well Group1200 North Ave	No Relationship	PC	Farm to Care Program	

oving Well Group1200 North Ave Burlington, VT 05408	No Relationship	PC	Farm to Care Program	

Living Well Group1200 North Ave Burlington, VT 05408	No Relationship	PC	Farm to Care Program	

Living Well Group1200 North Ave	No Relationship	PC	Farm to Care Program	2,500
Burlington, VT 05408				

urlington, VT 05408	

Burlington, VI 05408		
Total	 	2,113,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

a Paid during the year				
Martha's KitchenPO Box 1561	No Relationship	PC	General Operating Support	2

2.500

1,000

Middle Grades Collaborative	No Relationship	PC	Winooski Peace Initiative	
227 Leap Frog Holw				
Montpelier VT 05602				l

or substantial contributor

Montpelier Senior Activity Center	No Relationship	PC	General Operating Support	
227 Leap Frog Holw Montpelier, VT 05602				
Initiatic Grades Collaborative	1 NO INCIDENTIF	10	WIIIOOSKI I CACC IIIICIACIVC	

Montpeller, VT 05602				
Montpelier Senior Activity Center 58 Barre Street	No Relationship	PC	General Operating Support	

Montpelier Senior Activity Center	No Relationship	PC	General Operating Support	
58 Barre Street				
Montpelier, VT 05602				

Montpeller Senior Activity Center	i No Relationship	PC	General Operating Support	
58 Barre Street Montpelier, VT 05602	·			

Iontpelier Senior Activity Center	No Relationship	PC	General Operating Support	20,000
8 Barre Street				
lontpelier, VT 05602				

		_	
ontpelier, VT 05602			
Barre Street			

Montpelier, VT 05602		
Total	 	2,113,250

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
NE Focal Point CASA Inc 227 NW 2nd Street Deerfield Beach.FL 33441	No Relationship	PC	Fashion Show Sponsorship	

1,000

12,000

10,000

Deerneid Beach, IL 33441				
North Central Vermont Recovery Center 275 Brooklyn St Suite 2	No Relationship	PC	General Operating Support	
Morrisville, VT 05661				

Morrisville, VT U5661			
275 Brooklyn St Suite 2 Morrisville. VT 05661	No Relationship	General Operating Support	

Morrisville, VT 05661				
Open Door Mission2828 N 23rd St E	No Relationship	PC	General Operating Support	

,				i .
pen Door Mission2828 N 23rd St E maha, NE 68110	No Relationship	PC	General Operating Support	

Open Door Mission2828 N 23rd St E Omaha, NE 68110	No Relationship	PC	General Operating Support	

maha, NE 68110	·	 •
Total		 2,113,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Our Community Cares CampPO Box 503 No Relationship PC General Operating Support 10,000 Richmond, VT 05477

Rice Memorial High School 130 South Willard St South Burlington, VT 05401	No Relationship	PC	Annual Fund	5,000
Sara Holbrook Center66 North Ave Burlington, VT 05401	No Relationship	PC	Burlington & Winooski Summer Program	15,000

South Burnington, VI 05401				1
Sara Holbrook Center66 North Ave Burlington, VT 05401	No Relationship	PC	Burlington & Winooski Summer Program	15,00
Total				2,113,250

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

2,500

250

a Paid during the year				
Sisters Of Providence1808 Lind Ave Renton, VT 98057	No Relationship	PC	Individual/Family Assistance Program	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

encon, vi 30037			riogram	
sters Of Providence1808 Lind Ave enton, VT 98057	No Relationship	PC	Individual / Family Assistance (Winooski)	

Renton, VT 98057	No Relationship	PC	(Winooski)	
Solarıs14 Aspen Drıve	No Relationship	PC	General Operating Support	

Certon, V1 30037			(WITIOUSKI)	
Solarıs14 Aspen Drive Essex Junciton, VT 05452	No Relationship	PC	General Operating Support	

Solarıs14 Aspen Drıve Essex Junciton, VT 05452	No Relationship	PC	General Operating Support	

Essex Junciton, VT 05452				I
Solarıs14 Aspen Drıve	No Relationship	PC PC	General Operating Support	I

Essex Junciton, VT 05452	·	
Total		 2,113,250

EBBEX Surficient, VI US 152		
Total	 	2,113

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

No Relationship

Name and address (home or business)

Tutorial Center Inc208 Pleasant St.

Bennington, VT 05201

Total. 3a

a Paid during the year				
St Benedict's Preparatory School 520 ML King Blvd Newark, NJ 07102	No Relationship	PC	Annual Fund	10,000
St Michael's College One Winooski Park Box 256	No Relationship	PC	Annual Fund	20,000

PC

Seedlings Program

7,500

2,113,250

Newark, NJ 07102				
St Michael's College One Winooski Park Box 256 Colchester, VT 05439	No Relationship	PC	Annual Fund	20

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year United Way of Lamoille County No Relationship PC Individual/Family Assistance 59,000 20 Morrisville Plaza Suite B Program Morrisville, VT 05661 University of Vermont Foundation No Relationship PC Tarrant Inst for Innovative 1,576,000

411 Main Street Burlington, VT 05401	·		Education/ Hamill Professorship/ Gilligan and Brennan Arenas	
University of Vermont Medical Center 111 Colchester Ave Burlington, VT 05401	No Relationship	PC	Inpatient Facility	100,000

University of Vermont Medical Center 111 Colchester Ave Burlington, VT 05401	No Relationship	PC	Inpatient Facility	

Total		2 112 250
Burlington, VT 05401		
III Colchester Ave		

2,113,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Vermont Alzheimer's Association No Relationship PC. In honor of Gene Richards 2.000 300 Cornerstone Drive Suite 128 Williston, VT 05495

Vermont Works for Women 32 Malletts Bay Avenue Winooski, VT 05404	No Relationship	PC	Step in to Work	10,000
Washington County Mental Health Services PO Box 647 Montpelier, VT 05601	No Relationship	PC	Children's Grief and Loss Project	5,000

За

2,113,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Westford Elementary School No Relationship PC Robotics World Finals 500 146 Brookside Rd Westford, VT 05494

Youth Services IncPO Box 6008 Brattleboro, VT 05302	No Relationship	PC	Youth Substance Abuse Treatment Program	10,000
Zack's PlacePO Box 634 Woodstock, VT 05091	No Relationship	PC	Education Program	2,500

Total . 3a 2,113,250

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -	DI	N: 93491316012688
TY 2017 Accounting Fe	es Sch	edule			
	Name:	Richard E	E and Deborah L Ta	rrant	
	Foundation Inc				
	EIN:	03-0364	509		
Accounting Fees Schedule					
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting		4,000	0	0	4,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491316012688 TY 2017 Explanation of Non-Filing with Attorney General Statement **Name:** Richard E and Deborah L Tarrant Foundation Inc. **EIN:** 03-0364509 **Statement:** The State of Vermont does not require a copy of Form 990-PF.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491316012688
TY 2017 Investments - Other	Schedule		
Name:	Richard E and Del	oorah L Tarrant	
	Foundation Inc		
EIN:	03-0364509		
Investments Other Schedule 2			

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Chrispus Holdings III, LLC	FMV	4,483,746	5,017,139

efile GRAPHIC print - DO NOT PROCES	S As Filed Data -	DLN: 934	191316012688
TY 2017 Land, Etc. Schedule			
Name	 Richard F and Del 	oorah I Tarrant	

100

100

Foundation Inc FTN: 03-0364509

Conference Room Phones

LIN. 03 0304307				
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Office Furniture	17.446	13.554	3.892	3.892

348

448

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491316012688
TY 2017 Other Decreases School	edule		
Name:	Richard E and	Deborah L Tarrant	
	Foundation Ind	С	
EIN:	03-0364509		
De	escription		Amount
Non-Deductible Expense-Passthrough			2,652

efile GRAPHIC print - DO NOT PROCES	S As Filed Data -		DLN:	93491316012688		
TY 2017 Other Expenses Schedule						
Nam	e: Richard E and D	Deborah L Tarrant	t			
	Foundation Inc	Foundation Inc				
EI	N: 03-0364509					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Insurance	1,450	0	0	1,450		
Portfolio Expenses - Passthrough	63,071	63,071	0	0		
Charitable Contribution - Passthrough	26	0	0	26		

10,418

Registration

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316012688
TY 2017 Other Income Schedu	le	

Name: Richard E and Deborah L Tarrant

Foundation Inc.

EIN: 03-0364509

1231 Gain/Loss from Passthrough

Other Income Schedule									
	Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income					
ſ	Income/Loss from Passthrough Entity	-68,531	-68,531	0					

54,977

54,977

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	N: 93491316012688					
TY 2017 Other Professional Fees Schedule									
Name: Richard E and Deborah L Tarrant									
Foundation Inc									
EIN: 03-0364509									
Catagomy	Amount	Net Investment	Adiusted Not	Disbursements					
Category	Amount	Income	Adjusted Net Income	for Charitable					
				Purposes					

1,309

Payroll Services Fees

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	l: 93491316012688					
TY 2017 Taxes Schedule									
Name: Richard E and Deborah L Tarrant Foundation Inc EIN: 03-0364509									
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
Payroll Taxes	9,390	0	0	9,390					
Federal Taxes Paid	7,000	0	0	0					
Foreign Taxes Withheld	198	198	0	0					